PLACE OF BIRTH

1. County of Yavapai

District of

Town of Clemenceau

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 636 ~~736~~

County Registrar No.

Local Registrar No.

2. Full name of child Carroll Elizabeth Smith } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Fe. | To be answered ONLY in event of plural births. 4. Twin, triplet or other ..... 5. No., in order of birth ..... | 6. Legitimate? Yes | 7. Date of birth Dec. 19, 26 (Month day year)

FATHER	MOTHER
8. Full name Oscar Earl Smith	14. Full maiden name Rennie May Stump
9. Residence (Usual place of abode) Clemenceau If nonresident, give place and state	15. Residence (Usual place of abode) Clemenceau If nonresident, give place and state
10. Color or race Cauc 11. Age at last birthday 40 (Years)	16. Color or race Cauc 17. Age at last birthday 31 (Years)
12. Birthplace (city or place) ..... (State or country) Ill.	18. Birthplace (city or place) ..... (State or country) Kansas
13. Occupation Ice Plant mgr. Nature of industry Smelter	19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature [illegible] M.D. Physician (Physician or midwife)

Address Clemenceau

Given name added from a supplemental report ..... Month, day, year. Filed ....., 19.... ..... Local Registrar.

Chas. D. Willard Registrar. Filed ....., 19.... ..... County Registrar.

328 - 1219 - 927