

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 115
Registered No. 191

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Claypool or Village _____
City Miami No. 39 Warrior Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Patricia Jean Carter If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth	6. Legitimate? <u>yes</u>	7. Date of birth <u>May 3 1928</u> Month Day Year
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8. FATHER
Full name William Vernon Carter

14. MOTHER
Full maiden name Lydia Angeline Ferguson

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race White

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11. Age at last birthday 21 (Years)

17. Age at last birthday 22 (Years)

12. Birthplace (city or place) California
(State or country)

18. Birthplace (city or place) Kentucky
(State or country)

13. Occupation Acetylen Welder
Nature of industry Copper mine

19. Occupation Housewife
Nature of industry _____

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 <u>1</u>	21. Were precautions taken against ophthalmia neonatorum. <u>yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:50 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 evidence of life after birth.

Signature J. J. Miller
M.D.
(Physician or midwife).

Given name added from a supplemental report _____
Address Miami, Arizona

Month, day, year _____
Filed May 12, 1928
Registrar P. E. Jones

739-503-365

ORDER OF BIRTH STATED.