

SUPPLEMENT ATTACHED
PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Live Oak
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 109
Co. Registrar No. 347
Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of child Female 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 Aug 6-1928 (Month, day, year)

8. FATHER
Full name Clyde C. Carter

14. MOTHER
Full maiden name Lexie Rae Larson

9. Residence (Usual place of abode) Tucson Arizona
If nonresident, give place and State

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If nonresident, give place and State

10. Color or race White 11. Age at last birthday 25 (Years)

16. Color or race White 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Eden Arizona
(State or country)

18. Birthplace (city or place) Glendale Arizona
(State or country)

13. Occupation Sampler Copper
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 5:40 P.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 Charles E. Dinn (Physician or midwife)

Address Miami Arizona
Given name added from _____
a supplemental report _____ (Month, day, year)

Filed Aug 12, 1928 _____ Local Registrar.
Filed Aug 12, 1928 _____ County Registrar.

Registrar. 439-806-335

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth stated.