

AFFIDAVIT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 191
Registered No. 193

PLACE OF BIRTH

County Globe State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child Carolyn Mary Banks (If child is not yet named, give its NAME instead of street and number) { 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 Oct. 19, 1928
Month Day Year

8. FATHER
Full name George Alexander Banks
9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.
10. Color or race white
11. Age at last birthday 36 (Years)
12. Birthplace (city or place) Carbonate,
(State or country) Iowa
13. Occupation
Nature of industry painter

14. MOTHER
Full maiden name Selma Caroline Lehman
15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.
16. Color or race white
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) Farmington,
(State or country) Miss.
19. Occupation
Nature of industry Housewife

20. Number of children of this mother Two (a) Born alive and now living Two
Taken as of time of birth of child herein certified and including this child. (b) Born alive but now dead none
(c) Stillborn none 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 3:15 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 T. C. Harper
physician (Physician or midwife).

Given name added from supplemental report _____ Address Globe, Ariz.

Month, day, year _____ Filed 11/8, 1928 G. E. Wylsham
Registrar Registrar

322-1019-235

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, and the number of each in order of birth stated.