

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

State File No. 125  
 Registered No. 165

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ray Edward Kartchner { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Sept. 1, 1929  
Month Day Year

8. **FATHER**  
 Full name Lorenzo Kartchner

14. **MOTHER**  
 Full maiden name Pearl Shaublin

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

15. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.

10. Color or race white  
 11. Age at last birthday 26 (Years)

16. Color or race white  
 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Duncan Ariz.  
 (State or country)

18. Birthplace (city or place) Muldrow Okla.  
 (State or country)

13. Occupation Laborer  
 Nature of industry

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 1  
 (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 7:00 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 T. C. Harper  
 \_\_\_\_\_  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address Globe Arizona

Month, day, year \_\_\_\_\_  
 Registrar 1077 1929 W. E. Longhorn Registrar

929-901-725