

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 131
Registered No. 429

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____

City Miami No. 213 Live Oak Mine St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Pearl 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 _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Sept 3 - 1929</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name William Harold Carter
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 40 (Years)
12. Birthplace (city or place) Cornwall
(State or country) England
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Mary Pearl Elsey
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday _____ (Years)
18. Birthplace (city or place) Lee's Summit,
(State or country) Mo.
19. Occupation
Nature of industry Housewife

20. Number of children of this mother <u>4</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:45 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 Beryl M. Brown M.D.
Physician
(Physician or midwife)

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

Filed Sept 12, 1929
Registrar R. E. Jolley

439-903-458