

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 122
Registered No. 478

PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Full name of child Carol Madine Turner (If child is not yet named, make supplemental report, as directed.)

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>Dec 6 1929</u> Month Day Year
-------------------------------	--	--	------------------------------	---

FATHER
Full name Charles Carroll Turner
Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
8. Color or race White
11. Age at last birthday 32 (Years)
9. Birthplace (city or place) Albuquerque
(State or country) New Mexico
10. Occupation Machinist
Nature of industry Copper mine

MOTHER
Full maiden name Rachel Melgra Linebaugh
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Pittsburgh
(State or country) Kansas
19. Occupation Housewife
Nature of industry _____

2. Number of children of this mother <u>2</u> taken as of time of birth of child herein certified and including this child.	(a) Born alive and now living <u>2</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>
--	--	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 9 9 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
mid
(Physician or midwife)

Address Miami, Arizona
Month, day, year _____
Filed Oct 15 1929
Registrar. W. E. Jones
339-1006-938