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

State File No. 70
Registered No. 12-

1. PLACE OF BIRTH

County: Cochise State: Arizona

District or Township: Dos Cabezos or Village:

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

2. Full name of child: Bobby Walter Amalong (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
5. No., in order of birth

6. Legitimate? Yes

7. Date of birth: May 22nd 1927 (Month Day Year)

8. FATHER

Full name: James Walter Amalong

9. Residence (Usual place of abode): Cochise County
If non-resident, give place and state.

10. Color or race: White

11. Age at last birthday: 28 (Years)

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

13. Occupation: Rancher
Nature of industry

14. MOTHER

Full maiden name: Virginia May Lindsey

15 Residence (Usual place of abode): Cochise County
If non-resident, give place and state.

16 Color or race: White

17. Age at last birthday: 19 (Years)

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

19. Occupation: Housewife
Nature of industry

20. Number of children of this mother: One
(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:
(c) Stillborn:

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 (Born alive or stillborn.) at 6 P m. on the date above stated

* 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: W M Randolph
Physician.
(Physician or midwife).

Address: Dos Cabezas

Given name added from a supplemental report
Month, day, year

Registrar

Filed June 6th, 1927 H. K. Dawson
Registrar

217-522-538

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING