

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or Globe

City of _____

BUREAU OF VITAL STATISTICS

State Index No. 170

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. 1272. Full name of child Loyal Grant Rolston (If birth occurred in a hospital or institution, give its NAME instead of street and number)3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth June 21 - 1927 (If child is not yet named, make supplemental report, as directed.)7. Date of birth June 21 - 1927 Month day year

8. FATHER 14. MOTHER

9. Full name Carl McClannahan Rolston 10. Full maiden name Margie Allen11. Residence (Usual place of abode) Globe 12. Residence (Usual place of abode) Globe

13. If nonresident, give place and state _____ 14. If nonresident, give place and state _____

15. Color or race White 16. Color or race White17. Age at last birthday 31 (Years) 18. Age at last birthday 28 (Years)19. Birthplace (city or place) Milan County Tex. 20. Birthplace (city or place) Mason Tex.

21. (State or country) _____ 22. (State or country) _____

23. Occupation miner 24. Occupation Housewife

25. Nature of industry _____ 26. Nature of industry _____

27. Number of children of this mother (a) Born alive and now living 5 28. Were precautions taken against opthalmia neonatorum? yes(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0 (c) Stillborn _____CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 30I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn.) at 11:40 a.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 evidences of life after birth. Signature N. W. Hunt (Physician or midwife)Address GlobeGiven name added from a supplemental report _____ Filed 6-30 1927 _____ Local Registrar.Month, day, year 395-621-415 Filed _____ 19____ County Registrar.

Registrar.

County Registrar.