

PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Globe

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 126

County Registrar No. \_\_\_\_\_

Local Registrar No. 214

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donald Lloyd Allen3. Sex of Child M 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 Oct 10-1927 Month day year8. FATHER  
Full name Oakley Calvin Allen9. Residence (Usual place of abode) Maryville, Mo.  
If nonresident, give place and state Mo.10. Color or race White11. Age at last birthday 32 (Years)12. Birthplace (city or place) Maryville  
(State or country) Mo.13. Occupation Clerk  
Nature of industry Garage14. MOTHER  
Full maiden name Gladys A Larkin15. Residence (Usual place of abode) Globe  
If nonresident, give place and state \_\_\_\_\_16. Color or race White17. Age at last birthday 25 (Years)18. Birthplace (city or place) El Paso  
(State or country) Tex19. Occupation Homewf  
Nature of industry \_\_\_\_\_20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 021. 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 or stillborn.) at 4 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 evidences of life after birth. Given name added from a supplemental report \_\_\_\_\_ Signature W. W. Horst (Physician or midwife) Address GlobeMonth, day, year. \_\_\_\_\_ Filed 10-31, 1927 Local Registrar. W. W. Horst

Registrar. \_\_\_\_\_

Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar. \_\_\_\_\_

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