

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

159
 State File No. 116
 Registered No. 2

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. Gila County Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Dorris { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>m.</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth <u>3</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Jan. 1. 1930</u> Month Day Year
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8. **FATHER**
 Full name Glarence Dorris

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

10. Color or race W.
 11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Perm.
 (State or country)

13. Occupation Electrician
 Nature of industry

14. **MOTHER**
 Full maiden name Jennie Harmon

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

16. Color or race W.
 17. Age at last birthday 26 (Y.)

18. Birthplace (city or place) Alpine
 (State or country)

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother <u>3</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____	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 P. m. on the date above stated
(Born alive or stillborn.)

Signature Glarence Hunter M.D.

 (Physician or midwife)

Given name added from a supplemental report _____
 Address _____
 Month, day, year _____
 Registrar _____

Filed 2/10 1930 G. E. Waghman Registrar

order of birth stated.

742-101-185