

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each

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

214
168

State File No. _____
Registered No. _____

1. PLACE OF BIRTH
County Coila State _____
District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Catherine Ellen Doyle { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 Jan 16 1930
Month Day Year

8. FATHER
Full name John Edward Doyle

14. MOTHER
Full maiden name Mary Zurek

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

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

10. Color or race White
11. Age at last birthday 41 (Years)

16. Color or race White
17. Age at last birthday 34 (Years)

12. Birthplace (city or place) New Haven Conn.
(State or country)

18. Birthplace (city or state) Lucas Ariz.
(State or country)

13. Occupation Brickman
Nature of industry

19. Occupation House Wife
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 2
(b) Born alive but now dead 0
(c) Stillborn 0

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 _____ at _____ 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 Charles Skushko MD
(Physician or midwife.)

Given name added from a supplemental report _____ Address _____
Month, day, year _____
Registrar. P. J. Hutton Registrar.

315-116-478