

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

State File No. 173
Registered No. 11

1. PLACE OF BIRTH

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

2. Full name of child Dorothy Dalmay Doughman
(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. 17, 1930
Month Day Year

8. FATHER
Full name John Douglas Doughman
9. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Grasshopper Kan.
(State or country)
13. Occupation
Nature of industry Hospital Orderly

14. MOTHER
Full maiden name Dorothy Mae Rockelman
15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Kansas City Mo.
(State or country)
19. Occupation
Nature of industry Housewife

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 1
(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 alive at 11:35 a. m. on the date above stated.
(Born alive or stillborn)

Signature C. W. Adams
* 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.
(Physician or Midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Box 636 Globe Ariz
Filed 2/10 1930 H. E. Leighton Registrar

Registrar
4745 - 117 - 495

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.