

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 157
Registered No. 676

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village Route No. 1-
City Miami No. 60 Hill St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donna Sue Holladay } 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 Dec. 14-1930
Month Day Year

3. FATHER
Full name Charles Worth Holladay
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 22 (Years)
12. Birthplace (city or place) Pima, Arizona
(State or country)
13. Occupation
Nature of Industry Mining

14. MOTHER
Full maiden name Burnice Dodge
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Pima, Arizona
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 2 } (a) Born alive and now living. 1
(Taken as of time of birth of child herein } (b) Born alive but now dead. 1
certified and including this child.) } (c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 93

I hereby certify that I attended the birth of this child, who was born alive at 12 A. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown (Physician or midwife)
Given name added from _____ Address Miami, Arizona
a supplemental report. _____ Month, day, year Dec 20 30 Filed _____ 1930 Registrar R. E. Dinn

488-1214-245