PLACE OF BIRTH

County of ~~Globe~~ Gila

District of Globe

Town of _____
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

126 State Index No. 86

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 203

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Donald Dean Conard

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Male	other	1st	Yes	July 8 1916

FATHER		MOTHER	
Full Name	Leo D. Conard	Full Maiden Name	Ruth Welch
Residence	Roosevelt Ariz	Residence	Roosevelt Ariz
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	25	Age at last Birthday (Years)	23
Birthplace	Red Bluff Calif	Birthplace	Haywards Calif
Occupation	Electrician	Occupation	Housewife

Number of child of this mother 2 | Number of Children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on July 8 1916, at 7:30 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) W. H. Horst MD

(Attending physician, ~~midwife, householder~~.*)

Address Globe Arizona

Given or Christian name added from a supplemental report _____ 191__

Filed July 10 1916 By _____ LOCAL REGISTRAR.

434-708-968
COUNTY REGISTRAR.

A True Copy

Filed Aug 5 1916. By _____ COUNTY REGISTRAR.