

1680

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

State File No. 1250
Registered No. 215

PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Globe No. County Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
1. Full name of child Earl William Duley (If child is not yet named, make supplemental report, as directed.)

2. Sex of Child Male To be answered ONLY in event of plural births. 3. Legitimate? Yes 4. Twin, triplet or other _____ 5. No. in order of birth _____ 6. Date of birth Sept. 10 1917
Month Day Year

FATHER
13. Full name James Delbert Duley
14. Residence (Usual place of abode) Globe
If non-resident, give place and state.
15. Color or race _____
16. Age at last birthday 35 (Years)
17. Birthplace (city or place) Washington
(State or country)
18. Occupation School Teacher
Nature of industry

MOTHER
13. Full maiden name Mrs. Moore
14. Residence (Usual place of abode) Globe Arizona
If non-resident, give place and state.
15. Color or race white
16. Age at last birthday 20 (Years)
17. Birthplace (city or place) Wilkes Co.
(State or country) North Carolina
18. Occupation _____
Nature of industry

19. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living Yes
(b) Born alive but now dead _____
(c) Stillborn _____
20. Were precautions taken against ophthalmia neonatorum? _____

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 Mrs. M. Humes
Mather (Physician or midwife).
Given name added from a supplemental report _____
Month, day, year 5 28 - 9 10 - 5 45
Address _____
Filed 10-16 1926 W. W. Horst
Registrar Registrar