2415

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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

State Index No. 627

Co. Register No. 73

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Dorothy Grace Service

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	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
F	1		1	Y	Feb 2 1918

FATHER		MOTHER	
Full Name	Roy Bert Service	Full Maiden Name	Verda Rogers
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	27	Age at last Birthday (Years)	30
Birthplace	Minn	Birthplace	Mo
Occupation	Machinist	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 above child; and that it occurred on Feb 2 1918, at 2 a M.

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

(Signature) Charles E Trim

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

Address Miami Ariz

Given or christian name added from a supplemental report 191

Filed Feb 5 1918

John H Lacy

LOCAL REGISTRAR.

425-202-592

COUNTY REGISTRAR.

Filed Mar 6 1918

A True Copy

B G Tia

COUNTY REGISTRAR.