N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132

Co. Registrar's No. 724

Local Registrar's No.

(No. St: Ward)

FULL NAME OF CHILD Dola May Young — Born Alive: YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of Birth (Month, Day, Yr.)
Female	other	1	Yes	Dec. 23, 1919

FATHER		MOTHER	
Full Name	Charles R. Young	Full Maiden Name	Cora Bohrn
Residence	Globe, Ariz.	Residence	Globe, Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	40 Years	Age at last Birthday	35 Years
Birthplace	Missouri	Birthplace	Missouri
Occupation	Chauffeur	Occupation	Housewife

Number of child of this Mother 7 | Number of Children, of this mother, now living 7 | 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 Dec. 23, 1919 at 1:00 A. M.

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

Signature J. L. Wales
Attending physician, ~~midwife, householder.~~*

Given or Christian name added from a supplemental report 191

Address

Filed Dec 26 1919 — B. G. Fox, LOCAL REGISTRAR.

487-1223-325 COUNTY REGISTRAR.

Filed Jan 5 ~~1919~~ 1920 — A True Copy — B. G. Fox, COUNTY REGISTRAR.