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R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Greenlee
District of _____
Town of Morrison
or _____
City of _____

BUREAU OF VITAL STATISTICS

State Index No. 217

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 584

Local Registrar's No. 340

(No. _____ St.; _____ Ward)

FULL NAME OF CHILD Dorothy Moore } Born } NO
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } YES

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>12 25 1919</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Justus T. Moore</u>			Full Maiden Name <u>Rose Ellen</u>		
Residence <u>Morrison</u>			Residence <u>Morrison</u>		
Color or Race <u>White</u>		Age at last Birthday <u>34</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>37</u> (Years)
Birthplace <u>Texas</u>			Birthplace <u>Arizona</u>		
Occupation <u>miner</u>			Occupation <u>Ho. W.</u>		

Number of child of this mother 6 Number of Children, of this mother, now living 6 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 12/25 1919, at 11 A M.

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

(Signature) Justus T. Moore
(Attending physician, midwife, householder.*)

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

Address _____
LOCAL REGISTRAR. D. W. Moore

445-1225-955
COUNTY REGISTRAR.

A True Copy Filed 1-2-1920
COUNTY REGISTRAR. L. A. ...