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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 153

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 616

Town of _____
or _____

Local Registrar's No. _____

City of Globe

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Royd Conrad Dooly
If child is not named, make Supplemental Report on blank obtainable from local Registrar.

Born Yes
Alive NO

Sex of Child M. Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate: yes Date of Birth Oct. 18 1920
(Month) (Day) (Yr.)

FATHER
Full Name Thomas Guy Dooly
Residence Globe, Ariz.
Color or Race White Age at last Birthday 27 (Years)
Birthplace Missouri
Occupation Farmer

MOTHER
Full Maiden Name Alva Bernice Watson
Residence Globe, Ariz.
Color or Race White Age at last Birthday 20 (Years)
Birthplace Globe, Ariz.
Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1 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 Oct. 18 1920, at 12:24 P.M.

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

(Signature) C. W. Adams
(Attending physician, midwife, householder*)

Given or Christian name added from a supplemental report _____ 1920

Address Globe, Arizona

348-1018-165
COUNTY REGISTRAR.

Filed Nov 1 1920
A True Copy
Filed Nov 5 1920

B. E. Jay
LOCAL REGISTRAR.
B. E. Jay
COUNTY REGISTRAR.