

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1167  
 Co. Registrar No. 5471  
 Local Registrar No. \_\_\_\_\_

**PLACE OF BIRTH**  
 1. County of Gila  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or  
 City of Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dorothy Louise Dowdy } If child is not yet named, make supplemental report, as directed

3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. 5. No., in order of birth.	6. Legitimate? <u>yes.</u>	7. Date of birth <u>11-9-22</u> (Month, day, year)
----------------------------------	--	--	-------------------------------	--

<p><b>FATHER</b></p> <p>8. Full name <u>James Dowdy</u></p> <p>9. Residence (Usual place of abode) <u>Globe, Ariz.</u> If nonresident, give place and State</p> <p>10. Color or race <u>White</u></p> <p>11. Age at last birthday <u>40</u> (Years)</p> <p>12. Birthplace (city or place) <u>Texas</u> (State or country)</p> <p>13. Occupation <u>Pumpman in mine</u> Nature of industry</p>	<p><b>MOTHER</b></p> <p>14. Full maiden name <u>Alfa Miller</u></p> <p>15. Residence (Usual place of abode) <u>Globe, Ariz.</u> If nonresident, give place and State</p> <p>16. Color or race <u>White</u></p> <p>17. Age at last birthday <u>32</u> (Years)</p> <p>18. Birthplace (city or place) <u>Kansas</u> (State or country)</p> <p>19. Occupation <u>Housewife</u> Nature of industry</p>
---	---

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)  
 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive at 3:20 A.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 W. Adams (Physician or midwife)  
 Address Globe, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
 (Month, day, year)  
448-1109-149  
 Registrar.

Filed Nov 12, 1922 B. G. J. O'Neil Local Registrar.  
 Filed Nov 12, 1922 B. G. J. O'Neil County Registrar.

in order of birth, stated.