

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Cochise  
 District of \_\_\_\_\_  
 Town of Lowell

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 23  
 Co. Registrar No. 210  
 Local Registrar No. \_\_\_\_\_

or  
 City of \_\_\_\_\_ No. Copper Queen Hoop St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jana Roy } If child is not yet named, make supplemental report, as directed

3. Sex of child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth March 2, 1923 (Month, day, year)

8. FATHER  
 Full name Randolph Lee Roy

14. MOTHER  
 Full maiden name Ora Davis

9. Residence (Usual place of abode) Bisbee  
 If nonresident, give place and State

15. Residence (Usual place of abode) Bisbee  
 If nonresident, give place and State

10. Color or race white 11. Age at last birthday 29 (Years)

16. Color or race white 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Kerrville, Texas  
 (State or country)

18. Birthplace (city or place) Kerrville, Texas  
 (State or country)

13. Occupation Miner  
 Nature of Industry

19. Occupation Housewife  
 Nature of Industry

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 3 (b) Born alive but now dead 1 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Normal at 15 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 Chas. Watkins  
 (Physician or midwife)

Address Bisbee

Given name added from \_\_\_\_\_  
 a supplemental report. \_\_\_\_\_ (Month, day, year) Filed 3/12, 1923 C. F. Hawley M.D. Local Registrar.

Registrar. 998-302-642 Filed 4-7, 1923 R. B. Winters County Registrar.