

N. B. — in case more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of _____
or Globe
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 177
County Registrar No. _____
Local Registrar No. 51

No. Gila County Hospital
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rose Mary Mealey
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F 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 Feb 26 - 1926
Month Day Year

8. FATHER
Full name Thomas Dingle Mealey

14. MOTHER
Full maiden name Hazel Williams

9. Residence (Usual place of abode) 230 South East St
If non-resident, give place and state. Globe Ariz.

15. Residence (Usual place of abode) _____
If non-resident, give place and state. Globe Ariz.

10. Color or race white
11. Age at last birthday 35 (Years)

16. Color or race White
17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Carthage
(State or country) Missouri

18. Birthplace (city or place) _____
(State or country) Homesville Ohio

13. Occupation Asst Manager
Nature of industry Department Store

19. Occupation _____
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:30 p. 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. W. Horst M.D.
Address Globe Ariz.
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____ Filed 2/28 26 19 _____
Local Registrar.

Registrar _____ Filed _____ 19 _____
County Registrar

948-256-862