

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 199
 Registered No. 63

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City 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 Virginia Rolston { 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 <u>1</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>March 31, 1926</u> Month Day Year
----------------------------------	--	---------------------------------	------------------------------------	------------------------------	--

8. FATHER
 Full name Carl Rolston
 9. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state _____
 10. Color or race white
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) Thomdale, Texas
 (State or country) _____
 13. Occupation
 Nature of industry miner

14. MOTHER
 Full maiden name Margie Allen
 15. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state _____
 16. Color or race white
 17. Age at last birthday 27 (Years)
 18. Birthplace (city or place) Streeter, Texas
 (State or country) _____
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother four
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living four
 (b) Born alive but now dead none
 (c) Stillborn none
 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 born alive at 3:05 A.M. on the date above stated
 (Born alive or stillborn.)

Signature T.C. Harper

 (Physician or midwife).

Address Globe, Ariz.

Given name added from a supplemental report _____
 Month, day, year _____
 Filled 3/31/26 _____

 Registrar

595-331-415

WRITE IN INK WITH UNFADING INK - THIS IS A PERMANENT RECORD
 N. B. - In case of 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.