

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

State File No. 90
 Registered No. 117

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____

2. Full name of child Dorothy Lois Meloy (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. <u>2</u>	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>June 1, 1926</u>
		5. No., in order of birth <u>1</u>		Month Day Year

8. FATHER
 Full name Leland Lewis Meloy

14. MOTHER
 Full maiden name Evelyn Sophie Mormon

9. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race White

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11. Age at last birthday 23 (Years)

17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Ogden Utah
 (State or country)

18. Birthplace (city or place) Lincoln Nebraska
 (State or country)

13. Occupation
 Nature of industry Blacksmith

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother one
 (Taken as of time of birth of child herein certified and including this child.)

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 7:50 A.M. on the date above stated
 (Born alive or stillborn.)

Signature T.C. Harper
Physician
 (Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Filed June 31, 1926 20. W. H. Kret
 Registrar _____ Registrar

448-601-545

WRITE PLAINLY 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.