

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

State File No. 129
 Registered No. 135

I. PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. Gila County Hoop St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dorothy Lorraine Holberg (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 _____ 6. Legitimate? yes.
 5. No., in order of birth _____ 7. Date of birth 6-19-26
Month Day Year

8. **FATHER**
 Full name Clarence Arthur Holberg

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

10. Color or race white 11. Age at last birthday 21 (Years)

12. Birthplace (city or place) Bel Pass
(State or country) Texas

13. Occupation
 Nature of Industry laborer.

14. **MOTHER**
 Full maiden name Myrtle Iva Sheppard

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

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

18. Birthplace (city or place) Spur
(State or country) Texas

19. Occupation
 Nature of Industry Housewife.

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1
 (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 born alive at 11 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 C. W. Adams

(Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Ariz.

 Month, day, year _____
 Registrar _____
 Filed 6/31/26 W. W. Hoist
 Registrar

487-619-424

MAKING RESERVED FOR BINDING
 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.