

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

Supplement Attached  
ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa

District of Chandler Mesa

Town of Tempe Gilbert

or

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 312

Co. Registrar No. \_\_\_\_\_

Local Registrar No. 296

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dallis Albert Hally

If child is not yet named, make supplemental report, as directed

3. Sex of child male  
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 10-9-36  
(Month, day, year)

8. FATHER  
Full name Osias L. Hally

14. MOTHER  
Full maiden name May Katherine Worth

9. Residence (Usual place of abode) Tempe Gilbert Ariz.  
If nonresident, give place and State

15. Residence (Usual place of abode) Tempe Gilbert Ariz.  
If nonresident, give place and State

10. Color or race white  
11. Age at last birthday 23 (Years)

16. Color or race white  
17. Age at last birthday 31 (Years)

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

18. Birthplace (city or place) Tenn.  
(State or country)

13. Occupation Farmer  
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 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:00 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 J. B. Jordan  
(Physician or midwife)

Address Chandler Arizona

Given name added from a supplemental report \_\_\_\_\_  
(Month, day, year)

Filed Nov 2 1936  
Local Registrar.

Filed \_\_\_\_\_ 19 \_\_\_\_\_  
County Registrar.

Registrar.

County Registrar.

468-1109-468