

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

State File No. 187
 Registered No. 253

1. PLACE OF BIRTH

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

2. Full name of child Dorinda Lee Shelton (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (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 _____ 5. No., in order of birth _____ 6. Legitimate? yes. 7. Date of birth 11-27-26
 Month Day Year

8. FATHER
 Full name Daniel Shelton

14. MOTHER
 Full maiden name Holland Parker

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

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 If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 27 (Years)

16. Color or race white 17. Age at last birthday 19 (Years)

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

18. Birthplace (city or place) Globe Arizona
 (State or country)

13. Occupation
 Nature of industry Mail carrier

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 8:15 A 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
 (Physician or midwife)

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

Filed 11-30-26 H. H. Horst
 Registrar Registrar

495-1127-879

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.