

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

State File No. 94a  
 Registered No. 93

PLACE OF BIRTH  
 County Maricopa State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. Miami-Inspr. Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

1. Full name of child Dorothy Ann McGoey { If child is not yet named, make supplemental report, as directed.

2. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Jan-1-1928  
Month Day Year

3. FATHER  
 Full name Joseph James McGoey  
 Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona

14. MOTHER  
 Full maiden name Louise Trahey  
 Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona

8. Color or race Cauc. 11. Age at last birthday 38 (Years)

16. Color or race Cauc. 17. Age at last birthday 34 (Years)

2. Birthplace (city or place) Cleveland, Ohio  
(State or country)

18. Birthplace (city or place) Norwich, Mich.  
(State or country)

3. Occupation  
 Nature of industry Life Insurance Agent

19. Occupation  
 Nature of industry Housewife

10. Number of children of this mother \_\_\_\_\_  
 Taken as of time of birth of child herein certified and including this child. (a) Born alive and now living 3 21. Were precautions taken against ophthalmia neonatorum? Yes  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 hereby certify that I attended the birth of this child, who was born alive at 5:30 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 Cyril M. Brown, M.D.  
Physician  
(Physician or midwife)

Given name added from supplemental report \_\_\_\_\_  
 Address Miami, Arizona  
 Filed Feb 12 1928 R. E. Jones  
 Registrar