

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

State File No. 134
 Registered No. 160

1. PLACE OF BIRTH

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

2. Full name of child Doris Dean Barrow { 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 7. Date of birth Oct. 6, 1928
 Month Day Year

8. FATHER
 Full name Willie Frank Barrow
 9. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 25 (Years)
 12. Birthplace (city or place) Borrown,
 (State or country) Texas
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Margaret Florence Dooley
 15. Residence (Usual place of abode) Globe Arizona
 If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) clayborne,
 (State or country) Texas
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother Two (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living one
 (b) Born alive but now dead one
 (c) Stillborn none
 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 6:30 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 T.C. Harper
 (Physician or midwife)

Address Globe, Arizona

Filed 11/8, 1928 U.E. Wightman Registrar

Give name added from a supplemental report _____ Month, day, year _____ Registrar

426-1006-448

OFFICE OF VITAL STATISTICS