ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 117

Registered No. 37

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 Dorathy Elizabeth Sobey { 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 Feby (Month) 5th (Day) 1929 (Year)

8. FATHER

Full name Ervin William Sobey

9. Residence (Usual place of abode) Globe

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Jackson

(State or country) Calif

13. Occupation

Nature of industry Tool Sharpener

14. MOTHER

Full maiden name Doris Mary Mitchell

15 Residence (Usual place of abode) Globe

If non-resident, give place and state.

16 Color or race White | 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Tombstone Ariz

(State or country)

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 2

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(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 12 M 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

(Physician or midwife).

Given name added from a supplemental report ..... Month, day, year

Address Globe, Arizona

Registrar

Filed 3/8, 1929 G. E. Wightman Jr. Registrar

428-205-443

N. B.— WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

...ase of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of ea... order of birth stated.