

SUPPLEMENT ATTACHED

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Tulsa

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Globe

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136

County Registrar No. \_\_\_\_\_

Local Registrar No. 29

No. County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Horris Dean Dodd } 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 Feb 12 1927  
5. No., in order of birth \_\_\_\_\_ Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

3. FATHER  
Full name Klondike J Dodd

14. MOTHER  
Full maiden name Levereta Ford

9. Residence (Usual place of abode) Miami Arizona  
If nonresident, give place and state \_\_\_\_\_

15. Residence (Usual place of abode) Miami Arizona  
If nonresident, give place and state \_\_\_\_\_

10. Color or race White 11. Age at last birthday 29 (Years)

16. Color or race White 17. Age at last birthday 24 (Years)

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

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

13. Occupation Office Clerk Railroad  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. 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 2  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:45 am, on the date above stated.

Signature Charles E. Smith M.D.  
(Physician or midwife)

Address Miami Arizona

Given name added from a supplemental report \_\_\_\_\_ Filed 2-28 1927 St. St. Street Local Registrar.

Registrar.

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

4474-212-36411

V must be made for each, and the number of each, in order of birth stated.