PLACE OF BIRTH

1. County of Gila

District of Lower Miami

Town of Miami

or

City of ..... No. Gordon St. ..... Ward

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137

County Registrar No. 400

Local Registrar No. .....

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Betty Jo Goodman

{ 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 Sept 11 1927 (Month Day Year)

8. FATHER

Full name Grant Curtis Goodman

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race: White

11. Age at last birthday 20 (Years)

12. Birthplace (city or place) St David

(State or country) Arizona

13. Occupation: Grocer Clerk

Nature of industry

14. MOTHER

Full maiden name Dona Violet Talley

15 Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

16 Color or race: White

17. Age at last birthday 17 (Years)

18. Birthplace (city or place) Graham,

(State or country) Arizona

19. Occupation: Housewife

Nature of industry

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 alive (Born alive or ~~stillborn.~~) at 10:35 P m. on the date above stated

*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 F. F. Miller MD (Physician ~~or midwife~~).

Address Miami, Arizona

Given name added from a supplemental report ..... Filed Sept 15, 1927 H. E. Dorn Local Registrar.

Month, day, year

..... Registrar

Filed ....., 19.... County Registrar.

275-911-418