

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

156A
State File No. 435
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village 4111 Smelter St. Miami, Ariz.
City Miami No. Miami Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Irene Dodge { 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 July 5-1930
Month Day Year

8. FATHER
Full name Roy Leslie Dodge

14. MOTHER
Full maiden name Mary J. Naughton

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 32 (Years)

16. Color or race Cauc. 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Cornwall
(State or country) England

18. Birthplace (city or place) Krebs
(State or country) Okla.

13. Occupation Carpenter
Nature of industry Mining

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* 30

I hereby certify that I attended the birth of this child, who was born alive at 2 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 Cyril M. Brown M.D. (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed July 15, 1930 C. E. Drim Registrar

Registrar 549-705-455