

1883

Write Plainly, with Unfading Ink.—This is a Permanent Record.

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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

County of Navajo
District of Pinedale
Town of Pinedale
or
City of _____

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 234

Register No. 318
St.; _____ Ward)

FULL NAME OF CHILD Ray Goodman

If child is not named, make Supplemental report on blank obtainable from local registrar.

Born Yes
Alive No

Sex of Child <u>boy</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>July 31</u> 19 <u>10</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>William E Goodman</u>	Residence <u>Pinedale</u>		Full Maiden Name <u>Hannah M. Keil</u>	Residence <u>Pinedale</u>	
Color or Race <u>White</u>	Age at last Birthday <u>39</u> (Years)	Birthplace <u>Michigan</u>	Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)	Birthplace <u>Utah</u>
Occupation <u>Stack grower</u>	Occupation <u>Housewife</u>		Number of child of this mother <u>7</u> Number of children, of this mother, now living <u>6</u> Were precautions taken against Ophthalmia neonatorum? <input checked="" type="checkbox"/>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 31 1910, at 6 PM

*When there is no attending physician or midwife, then the householder must make this return.

(Signature) Mrs L S Steward
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19 _____

Filed Aug 25 1910

Address _____

Filed Aug 10 1910

LOCAL REGISTRAR.

COUNTY REGISTRAR.

COUNTY REGISTRAR.

975 - 731 - 853