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### ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **94**

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index **358**

PLACE OF BIRTH  
 County of Yuma  
 District of Mission  
 Town of Mission  
 or City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Not named Born  Alive  Yes  No   
 If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	and <input checked="" type="checkbox"/> Legitimate <input type="checkbox"/> Illegitimate	Number in order of birth <u>1</u>	Date of Birth <u>July 23<sup>rd</sup></u> 19 <u>12</u>
Full Name <u>James H. McDorman</u>	MOTHER <u>Catherine Downing</u>		
Residence <u>Mission Ariz</u>	Residence <u>Mission</u>		
Color or Race <u>White</u> Age at last Birthday <u>27</u> (Years)	Color or Race <u>White</u> Age at last Birthday <u>27</u> (Years)		
Birthplace <u>Texas</u>	Birthplace <u>Texas</u>		
Occupation <u>Mechanic</u>	Occupation <u>Housewife</u>		

Number of child of this mother 4th Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum Yes

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on July 23, 1912, at 9 A M

\*When there is no attending physician or midwife, then the householder must make this return. (Signature) Johnston (Attending physician, midwife, householder, \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_ Filed Feb 27 1912 Address Mission Ariz

044-225-218 Filed Mar 5 1912 B. G. Day LOCAL REGISTRAR. COUNTY REGISTRAR.