4330

PLACE OF BIRTH

County of Graham

District of Central

Town of "

or

City of "

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165 ~~57~~

Co. Register No. 150

Local Registrar's No. 107

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Dodger

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

Born / Alive: YES ~~NO~~

Sex of Child	Twin, ~~Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth
Boy			4	yes	8 (Month) — 31 (Day) — 1914 (Yr.)

FATHER		MOTHER	
Full Name	Dulas Dodger	Full Maiden Name	Alice A Allred
Residence	Central	Residence	Central
Color or Race	White Am	Color or Race	White
Age at last Birthday	28 (Years)	Age at last Birthday	22 (Years)
Birthplace	Arizona	Birthplace	Idaho
Occupation	Farm	Occupation	Housewife

Number of child of this mother 4 | Number of children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum? —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 8/31 1914, at 10 P. M.

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

(Signature) W. E. Platt
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report ..... 191....

Address

Filed 10/5 1914 Mrs. H. D. French
LOCAL REGISTRAR.

045-831-114
COUNTY REGISTRAR.

Filed 10/9 191....

A True Copy R. C. Dowden
COUNTY REGISTRAR.

... the number of each, in order of birth, stated. This certificate must be filed by the attending physician or Midwife with each local Registrar within 5 days after birth.