

MARGIN RESERVED FOR BINDING

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 each local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of Hayden
Town of Hayden
or
City of _____

BUREAU OF VITAL STATISTICS 119 State Index No. 872

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 347

Local Registrar's No. _____

FULL NAME OF CHILD Donda Goodridge (No. _____ St: _____ Ward) } Born } YES }
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child ♀ { Twin, Triplet or other } and { Number in order of birth } Legiti- mate? Yes Date of Birth July 4 1916 (Month) (Day) (Yr.)

FATHER
Full Name Byron Goodridge
Residence Hayden
Color or Race Am. Age at last Birthday 31 (Years)
Birthplace Utah
Occupation Foreman, Smelter

MOTHER
Full Maiden Name Ella Bush
Residence Hayden
Color or Race Am. Age at last Birthday 26 (Years)
Birthplace Indiana
Occupation Housewife

Number of child of this mother. 2 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 4 1916, at 1:30 P.M.
{ *When there is no attending physi- }
{ cian or midwife, then the householder }
{ should make this return. } (Signature) Charles H. Swan
(Attending physician, mid wife, householder.)*

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

475-704-528
COUNTY REGISTRAR.

Filed Aug 31 1917

Filed Sept 7 1917

A True Copy B. G. Fox
LOCAL REGISTRAR.
COUNTY REGISTRAR.