607

PLACE OF BIRTH

County of Navajo

District of Pinedale

Town of _____
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____

Co. Register No. 154

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Beulah Goodman

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

Born / Alive: YES / NO

Sex of Child: Female | Twin, Triplet or other: and | Number in order of birth: | Legitimate? Yes | Date of Birth: July 23 1917 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	William E Goodman	Full Maiden Name	Hannah McNeil
Residence	Pinedale	Residence	Pinedale
Color or Race	White	Color or Race	White
Age at last Birthday	46 (Years)	Age at last Birthday	39 (Years)
Birthplace	Michigan	Birthplace	Utah
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 10 | Number of Children, of this mother, now living 9 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on July 23 1917, at 10 A.M.

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

(Signature) Lottie M. Webb
(Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 191__

Address _____

Filed _____ 191__

N. A. Petersen
LOCAL REGISTRAR.

A True Copy

Filed _____ 191__

J. W. Bazell
COUNTY REGISTRAR.

J. W. Bazell
COUNTY REGISTRAR.

775-723