

2222

CERTIFICATE AMENDED
SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. *255*

PLACE OF BIRTH
County of *Gila*
District of _____
Town of *Miami*
or
City of _____

ORIGINAL CERTIFICATE OF BIRTH

*Surname of Child and Father amended
as per AFFIDAVIT, ALSO FROM A MARRIAGE
LICENSE OF PARENTS. 7-17-74*

Co. Register No. *255*

Local Registrar's No. _____

FULL NAME OF CHILD *Abbie Adelen Goulding* } 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 *1* } Legitimate? *40* } Date of Birth *June 9* 1918
(Month) (Day) (Yr.)

FATHER
Full Name *Archibald Goulding*
Residence *Miami*
Color or Race *White* Age at last Birthday *29* (Years)
Birthplace *Canada*
Occupation *Motor man mine*

MOTHER
Full Maiden Name *Margorie Helan*
Residence *Ariz. Miami*
Color or Race *White* Age at last Birthday *23* (Years)
Birthplace *Ariz*
Occupation *Housewife*

Number of child of this mother *1* Number of Children, of this mother, now living *1* Were precautions taken against Ophthalmia neonatorum? *yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of the above child; and that it occurred on *6/9* 1918, at *5:35* A.M.

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

(Signature) *Geo A Paige*
(Attending physician, midwife, householder.)*

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

Address *Inspiration*

Filed *June 17* 1918

John H. Lacy
LOCAL REGISTRAR

175-609-465
COUNTY REGISTRAR.

Filed *July 6* 1918 A True Copy

B G Day
COUNTY REGISTRAR.