4541

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

132

State Index No. _____

Co. Registrar's No. 53

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Rachel Hodge

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 (Month, Day, Yr.)
Female	No		No	Yes	Jan 22 1919

FATHER	MOTHER
Full Name: Richard Hodge	Full Maiden Name: Julia Bee Hill
Residence: Miami	Residence: Miami Ariz
Color or Race: Colored — Age at last Birthday: 40 Years	Color or Race: Colored. — Age at last Birthday: 32 Years
Birthplace: Texas	Birthplace: Texas
Occupation: Miner	Occupation: House wife

Number of child of this Mother: 6 | Number of Children, of this mother, now living: 4 | 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 Jan 22 1919, at 5 A.M.

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

Signature B. W. Hall M.D.
Attending physician, midwife, householder.*

Address Miami Ariz

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

Filed March 4 1919

W. D. Brayton
LOCAL REGISTRAR.

965-122-183
COUNTY REGISTRAR.

Filed May 7 1919

A True Copy
B. E. Fox
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.