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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

County of Gila

District of

Town of Hayden

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 09

Co. Register No. 389

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD James Carson Goodridge

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

Born / Alive: YES ~~NO~~

Sex of Child: Male

Twin, ~~Triplet~~ or other: and

Number in order of birth: 1st

Legitimate? yes

Date of Birth: July (Month) 5 (Day) 1919 (Yr.)

FATHER

Full Name: Bynn Huell Goodridge

Residence: Hayden Ariz.

Color or Race: White

Age at last Birthday: 34 (Years)

Birthplace: Centerville Utah.

Occupation: Smelter foreman

MOTHER

Full Maiden Name: Ella Laura Bush

Residence: Hayden Ariz

Color or Race: White

Age at last Birthday: 29 (Years)

Birthplace: Trench Lisk Ind

Occupation: Housewife

Number of child of this mother: 3

Number of children, of this mother, now living: 3

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 5 1919, at 1:15 P.M.

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

(Signature) W. G. Carson

(Attending physician, ~~midwife, householder.~~*)

Address Hayden Ariz.

Given or christian name added from a supplemental report 191

Filed July 5 1919

W. B. [illegible]

LOCAL REGISTRAR.

175-705-528

COUNTY REGISTRAR.

Filed AUG 8 1919

A True Copy B. G. Fox

COUNTY REGISTRAR.