Name amended by affidavit of registrant, and her marriage record. 5-21-70 CKW

PLACE OF BIRTH CERTIFICATE AMENDED SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 108

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 13

Local Registrar's No.

County of Gila

District of

Town of Miami

or

City of

(No. St; Ward)

FULL NAME OF CHILD ~~Josephine~~ Greta Moody

Born YES / Alive NO

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
F	1		4	Y	December 10 1919

FATHER		MOTHER	
Full Name	Joseph M Moody	Full Maiden Name	Gilda Welker
Residence	Miami	Residence	Miami
Color or Race	Wh	Color or Race	Wh
Age at last Birthday	26 (Years)	Age at last Birthday	21 (Years)
Birthplace	Arizona	Birthplace	Arizona
Occupation	Grocer	Occupation	H

Number of child of this mother 4 | 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 above child; and that it occurred on Dec 10 1919 at 8 P M.

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

(Signature) Charles E Irvin MD
(Attending physician, ~~midwife, householder.~~*)

Address Miami Ariz

Given or christian name added from a supplemental report 191

Filed 11/30/1920 T H Slaughter
LOCAL REGISTRAR.

748-1210-769
COUNTY REGISTRAR.

Filed Feb 5 1920 A True Copy B. G. Fox
COUNTY REGISTRAR.

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.