

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

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 111

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 705

Local Registrar's No. _____

FULL NAME OF CHILD Theodore Eugene Dollarhyde } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth } Legitimate? yes } Date of Birth Dec 11 1919
 (Month) (Day) (Yr.)

FATHER
 Full Name Albert Ross Dollarhyde
 Residence Miami, Ariz.
 Color or Race White Age at last Birthday 31
 (Years)
 Birthplace Oregon
 Occupation Locomotive Engineer

MOTHER
 Full Maiden Name Mary Edwards
 Residence Miami, Ariz.
 Color or Race White Age at last Birthday 22
 (Years)
 Birthplace Arizona
 Occupation Housewife

Number of child of this mother 2 Number of Children, of this mother, now living 2 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 Dec. 11, 1919, at 11:05 AM.

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

(Signature) A. Swackhamer M.D.
 (Attending physician, midwife, householder. *)

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

Address Miami, Ariz.

Filed Dec 12 1919

W. O. Brayton
 LOCAL REGISTRAR.

345-1211-452
 COUNTY REGISTRAR.

Filed Dec 15 1919 A True Copy

B. J. Fox
 COUNTY REGISTRAR.