

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>127</u>	
District of	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>114</u>	
Town of		Local Registrar No.	
or			
City of <u>Yuma</u>	No.	St.	Ward)
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Emma Dudley</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>♀</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth.
8. FATHER Full name <u>Justin Dudley</u>		14. MOTHER Full maiden name <u>Emma Thompson</u>	
9. Residence (Usual place of abode) <u>Yuma</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Yuma</u> If nonresident, give place and State	
10. Color or race <u>Indian</u>	11. Age at last birthday <u>22</u> (Years)	16. Color or race <u>Indian</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Arizona</u> (State or country)		18. Birthplace (city or place) <u>Arizona</u> (State or country)	
13. Occupation <u>Laborer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>3 P.M.</u> on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Charles E. Irwin M.D.</u> (Physician or midwife)	
Address <u>Yuma Arizona</u>		Filed <u>Feb 28</u> , 19 <u>23</u> <u>Charles E. Irwin</u> Local Registrar.	
Given name added from a supplemental report (Month, day, year)		Filed <u>3/6</u> , 19 <u>23</u> <u>A. S. Fox</u> County Registrar.	
Registrar. <u>548-220-535</u>			