

Damaged Document(s)

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 SEPARATE RETURN must be made for each, and the number of each,
 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.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>		State Index No. <u>14</u>	
or _____		County Registrar No. <u>2</u>	
City of _____		Local Registrar No. _____	
2. Full name of child <u>Caroline Mignette Moody</u>		No. <u>M + J. Hospital</u> (If birth occurred in a hospital or institution, give its NAME instead of street and No. _____) St. _____	
3. Sex of Child <u>female</u>		4. Twin, triplet or other _____	
To be answered ONLY in event of plural births.		6. Legitimate? <u>yes</u>	
5. No., in order of birth <u>1</u>		7. Date of birth <u>March 11 1924</u>	
8. FATHER		14. MOTHER	
Full name <u>Milton Lambuth Moody</u>		Full maiden name <u>Delaware Halman Moody</u>	
9. Residence <u>409 Skyline Trail Miami, Ariz</u>		15. Residence <u>409 Skyline Trail Miami, Ariz</u>	
(Usual place of abode)		(Usual place of abode)	
nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>26</u> (Years)		17. Age at last birthday <u>21</u> (Years)	
Birthplace (city or place) <u>Haskell</u>		18. Birthplace (city or place) <u>Monahans</u>	
(State or country) <u>Texas</u>		(State or country) <u>Texas</u>	
Occupation <u>Timekeeper</u>		19. Occupation <u>Housewife</u>	
Nature of industry <u>Copper Pro. Co</u>		Nature of industry _____	
Number of children of this mother _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living _____			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at <u>4 A.M.</u> on the date above stated.			
When there was no attending physician or midwife, then the father, householder, or other person present at the birth should make this return. A stillborn child is one that neither breathes nor shows evidence of life after birth.		Signature <u>Cyril M. Brown, M.D.</u>	
		(Physician or midwife)	
		Address <u>Miami, Arizona</u>	
Given added from _____		Filed <u>April 30 1924</u>	
Month, day, year.		Local Registrar. <u>G. J. ...</u>	
Registrar. _____		Filed <u>5-5 1924</u> County Registrar. <u>A. J. ...</u>	