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MARGIN RESERVED FOR BINDING
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 each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Pima
District of St David
Town of St David
or
City of _____ No. _____ St. _____ Ward _____

2. Full name of child Thomas M. Ellen Goodman (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Aug 5, 1924 (Months Day Year)

8. FATHER Full name Alma D. Goodman 9. Residence (Usual place of abode) St David If nonresident, give place and state _____ 10. Color or race White 11. Age at last birthday 29 (Years) 12. Birthplace (city or place) St David (State or country) Arizona 13. Occupation Nature of industry Farmer

14. MOTHER Full maiden name Ella Scranton 15. Residence (Usual place of abode) St David If nonresident, give place and state _____ 16. Color or race White 17. Age at last birthday 21 (Years) 18. Birthplace (city or place) St David (State or country) Ariz 19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 7 a.m. on the date above stated. (Born alive or stillborn.)

*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 J. H. Morrison M.D. (Physician or midwife)
Address St David

Given name added from a supplemental report _____ Month, day, year. _____
Registrar. _____

Filed August 30th 1924 Local Registrar. J. H. Morrison
Filed 9-5 1924 County Registrar. R. M. [unclear]

375-805-525