

1231

FOR BINDING... RECEIVED FOR BINDING... WHITE PLAINLY... INK... A SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH  
 NAME ADDED BY SUPPLEMENT

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

1. County of Graham State Index No. 213  
 District of Safford County Registrar No. 444  
 Town of Pima Local Registrar No. 420  
 or  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child LaVon O. Taylor } 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. no 5. Legitimate? yes 6. No., in order of birth 1st 7. Date of birth Aug 29 1924  
 Month Aug day 29 year 1924

8. FATHER Full name <u>Ascar K. Taylor</u>		14. MOTHER Full maiden name <u>Fidelia Dodge</u>	
9. Residence (Usual place of abode) <u>Pima</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Pima</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>29</u> (Years)
12. Birthplace (city or place) <u>Pima</u> (State or country) <u>Ariz.</u>		18. Birthplace (city or place) <u>Pima</u> (State or country) <u>Ariz.</u>	
13. Occupation Nature of industry <u>Farmer</u>		19. Occupation Nature of industry <u>Housewife</u>	
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 <u>3</u> (b) Born alive but now dead <u>3</u> (c) Stillborn _____		21. Were precautions taken against <u>yes</u> thalamia neonatorum?	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* 35

I hereby certify that I attended the birth of this child, who was alive at 6 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 evidences of life after birth.  
 Given name added from supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_

Signature P. C. Dyden M.D.  
 (Physician ~~or~~ midwife)

Filed Sept 8 1924 Hattie W. Schrey Local Registrar.  
 Filed Sept 8 1924 D. Scott Johnson County Registrar.

339-829-645