[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 6
County Registrar No. 137
Local Registrar No. 39

PLACE OF BIRTH

1. County of Apache
District of
Town of St. Johns
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 Dorothy Lillian Plumb (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female

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 Oct. 7, 1924 (Month, day, year)

FATHER	MOTHER
8. Full name Percy Albert Plumb	14. Full maiden name Pauline Olive Waite
9. Residence (Usual place of abode) If nonresident, give place and state St. Johns	15. Residence (Usual place of abode) If nonresident, give place and state St. Johns
10. Color or race white	16. Color or race white
11. Age at last birthday 27 (Years)	17. Age at last birthday 20 (Years)
12. Birthplace (city or place) St. Johns (State or country) Arizona	18. Birthplace (city or place) St. Johns, (State or country) Arizona
13. Occupation Farmer Nature of industry	19. Occupation Housewife Nature of industry

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 alive at 12:20 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.

Signature Margaret Farris (Physician or midwife)
Address St Johns, Ariz.

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

Registrar.

Filed 10/17/24 19 3 Martin Fusselman Local Registrar.
Filed 11/5/24 24 T J Blouden County Registrar.

472-1007-765

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD