

WRITE MAINLY 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma  
District of \_\_\_\_\_  
Town of Hayden  
or \_\_\_\_\_  
City of \_\_\_\_\_

State Index No. 199  
County Registrar No. 126  
Local Registrar No. 13

No. Box No 1276  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Edwin Ruthven Dootson } 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 Jan 17 25  
Month day year

8. FATHER  
Full name Edwin R. Dootson

14. MOTHER  
Full maiden name Lucie M. Langhain

9. Residence (Usual place of abode) Hayden  
If nonresident, give place and state \_\_\_\_\_

15. Residence (Usual place of abode) Hayden  
If nonresident, give place and state \_\_\_\_\_

10. Color or race White  
11. Age at last birthday 24 (Years)

16. Color or race White  
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Hayden City  
(State or country) Yuma Mexico

18. Birthplace (city or place) Raychata  
(State or country) Mississippi

13. Occupation Carpenter  
Nature of industry \_\_\_\_\_

19. Occupation House wife  
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 1  
(b) Born alive but now dead 0  
(c) Stillborn \_\_\_\_\_

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 1:30 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 Charles Sturatis M.D.  
(Physician or midwife)

Address Hayden Ariz  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed FEB 12 1925, 19 1925 Hayden

Filed 3/1, 1925 L. C. Wightman  
Local Registrar.  
County Registrar.

Registrar.

545-117-145