

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of Globe

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 141

County Registrar No. _____

Local Registrar No. 236

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joseph Dodd

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

maleTo be answered ONLY
in event of plural
births.4. Twin, triplet or other one6. Legitimate? yes7. Date of birth Sept. 19, 1925
Month day year5. No., in order of birth one

5. FATHER

Full name

Houston Carlton Dodd

9. Residence

(Usual place of abode)

If nonresident, give place and state

Yuma, Ariz.

10. Color or race

white11. Age at last birthday 25 (Years)

12. Birthplace (city or place)

(State or country)

Paris, Texas

13. Occupation

Nature of industry

Cashier American
Railway Express, Yuma, Ariz.

14.

MOTHER

Full maiden name

Margaret Eggleston

15. Residence

(Usual place of abode)

If nonresident, give place and state

Yuma, Ariz.

16. Color or race

white17. Age at last birthday 21 (Years)

18. Birthplace (city or place)

(State or country)

Leadville,
Colorado

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 one
(b) Born alive but now dead none
(c) Stillborn none21. Were precautions taken against oph-
thalmia neonatorum?yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:35 p.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

H. C. Harper, M.D.
(Physician ~~midwife~~)

Address

Globe, Ariz.Given name added from
a supplemental report

Month, day, year.

Filed

9/20, 1925W. H. Wood

Local Registrar.

144-919-155

Registrar.

Filed

19

County Registrar.

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.