

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Globe
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142
County Registrar No. _____
Local Registrar No. 237

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

2. Full name of child Josephine Dodd } 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 two }
5. No., in order of birth two }
6. Legitimate? yes }
7. Date of birth Sept. 19, 1925
Month day year

8. FATHER
Full name Houston Carlton Dodd
9. Residence (Usual place of abode) Yuma, Ariz.
If nonresident, give place and state
10. Color or race white
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Paris, Texas
(State or country)
13. Occupation Cashier American Railway Express, Yuma, Ariz.
Nature of industry

14. MOTHER
Full maiden name Margaret Eggleston
15. Residence (Usual place of abode) Yuma, Ariz.
If nonresident, give place and state
16. Color or race white
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Leadville, Colorado
(State or country)
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 two
(b) Born alive but now dead none
(c) Stillborn none
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 9:30 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 T. C. Harper, M. D.
(Physician or midwife)
Address Globe, Ariz.

Given name added from a supplemental report _____
Month, day, year. 144-919-255
Filed 9/30, 1925. W. W. Hoyt
Local Registrar.
County Registrar.