

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.  
 PRINT PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.  
 order of birth stated.

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

State File No. 145  
 Registered No. 368

1. PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. Main Inspiration Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas William Godbey

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 November 6, 1925  
 Month Day Year

8. FATHER  
 Full name Thomas Maybarn Godbey

14. MOTHER  
 Full maiden name Erma Ouida Drumm

9. Residence (Usual place of abode) Miami Arizona  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami Arizona  
 If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 26 (Years)

16. Color or race White

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Missouri

18. Birthplace (city or place) Silverton  
 (State or country) Colorado

13. Occupation Mill man  
 Nature of Industry Copper mine

19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother 2  
 (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 alive at 7:20 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 evidence of life after birth.

Signature J. J. Miller  
M.D.  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Miami Arizona  
 Filed Nov 27, 1925 P. E. Drvin  
 Registrar

376-1106-544