

REPLACED BY SUPPL. REPORT

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

State File No. 374  
Registered No. 374

PLACE OF BIRTH

County Apache State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Cagar No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Emma Loraine Uddall { 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. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Aug 10 1926  
5. No., in order of birth \_\_\_\_\_ Month Day Year

8. FATHER Full name Henry Goldbraugh Uddall

14. MOTHER Full maiden name Dorinda Jane Love

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

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

10. Color or race White 11. Age at last birthday 38 (Years)

16. Color or race White 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) St Johns Arizona  
(State or country)

18. Birthplace (city or place) Maricopa Apache County Arizona  
(State or country)

13. Occupation Nature of Industry Farming

19. Occupation Nature of Industry Housewife

20. Number of children of this mother 7 (a) Born alive and now living 5  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead \_\_\_\_\_  
(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 12 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 evidence of life after birth.

Signature Mrs W F Leroux  
Cagar Arizona  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Registrar Aug 27 1926 H D Nichols Registrar

543-810-435

MARGIN RESERVED FOR DURING  
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 order of birth stated.