

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

State File No. 601  
 Registered No. 601

**1. PLACE OF BIRTH**

County Stila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 134 Warrior St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full name of child Edward Vincent Dodson (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. \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth. \_\_\_\_\_ 7. Date of birth June 22-192  
 Month Day Year

**8. FATHER**  
 Full name George William Dodson  
 9. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona

**14. MOTHER**  
 Full maiden name Carrie Mitchell  
 15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona

10. Color or race White  
 11. Age at last birthday 26 (Years)

16. Color or race Cauc.  
 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Eagle City  
 (State or country) Okla.

18. Birthplace (city or place) Mimbres  
 (State or country) New Mex.

13. Occupation  
 Nature of Industry Mechanic

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 1  
 (b) Born alive but now dead 0  
 (c) Stillborn 0

21. Were precautions taken against thalassa neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 8:30 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 evidence of life after birth.

Signature Lynell M. Brown M.D.  
Physician (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Jan 8 1930 R. E. Drinn  
 Registrar Registrar

545-620-343

MARGIN RESERVED FOR BINDING  
 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.