

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

State File No. 146  
 Registered No. 184

**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 Wilma May Schrader (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  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth May 8 1927  
Month Day Year

8. **FATHER**  
 Full name William Dewey Schrader

14. **MOTHER**  
 Full maiden name Martha Anna Durman

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

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

10. Color or race White 11. Age at last birthday 30 (Years)

16. Color or race White 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Allentown  
 (State or country) Pennsylvania

18. Birthplace (city or place) Upper Merion  
 (State or country) Pennsylvania

13. Occupation Mining engineer  
 Nature of industry \_\_\_\_\_

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 1

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 4:10 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  
Miami, Arizona  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_

Address \_\_\_\_\_  
 Filed May 11, 1927 R. S. Drim  
 Registrar

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.

329 - 508 - 425