# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 79

Registered No. 381

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.

1. PLACE OF BIRTH

County: Gila State: ARIZONA

District or Township: or Village:

City: MIAMI. No. Miami Inspiration Hospital St. Ward

(If both occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Harry Hall Scheid (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:

5. No., in order of birth:

6. Legitimate? Yes

7. Date of birth: October Oct 2 1931 (Month Day Year)

8. FATHER

Full name: Harry Hall Scheid

9. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

10. Color or race: White

11. Age at last birthday: 28 (Years)

12. Birthplace (city or place): Patton

(State or country): Pennsylvania

13. Occupation: Manager Mountain State

Nature of industry: Telephone Co.

14. MOTHER

Full maiden name: Charlotte Elizabeth Snyder

15. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

16. Color or race: White

17. Age at last birthday: 26 (Years)

18. Birthplace (city or place): Penbrook

(State or country): Pennsylvania

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: 1

(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 ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 2:05 P m. on the date above stated.

* 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: F. F. Miller

F. F. MILLER, M. D. (Physician or midwife).

Address: MIAMI, ARIZONA

Given name added from a supplemental report

Month, day, year

834-1002-329

Registrar

Filed Oct 5, 1931

C. E. Jones

Registrar