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

State File No. 841
Registered No. 212

1. PLACE OF BIRTH

County: Gila — State: ARIZONA

District or Township: ____ or Village: ____

City: MIAMI — No. Miami Inspiration Hospital St.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Mortie George Walser (If child is not yet named, supplemental report, as di...)

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: June 7 1 (Month Day Year)

FATHER

8. Full name: Maurice Edward Walser

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: 24 (Years)

12. Birthplace (city or place): ____
(State or country): Mexico

13. Occupation: Machinist
Nature of industry: Copper mine

MOTHER

14. Full maiden name: Nellie Lydia Gr...

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: 20 (Years)

18. Birthplace (city or place): Santa Monica
(State or country): Calif.

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 12:35 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

469-607-571
Registrar

Filed Oct 20 1932 C. E. Ahrens
Registrar

FOR SENDING WHEN UNLOADING 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.