2609

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. .....

County Registrar No. .....

Local Registrar No. 96

PLACE OF BIRTH

1. County of Gila

District of .....

Town of Globe ARIZ.

or

City of .....

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

2. Full name of child ASHUL BAER BAATZ NAME CHANGED BY GILA SUPERIOR COURT TO NOW → IRVEN BAER BATES. (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 August 29 1906 (Month day year)

8. FATHER

Full name Dolph Baatz Bates

9. Residence (Usual place of abode) 686 North Broad Street

If nonresident, give place and state

10. Color or race White.

11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Toledo. (State or country) Ohio.

13. Occupation Nature of industry Merchant

14. MOTHER

Full maiden name Sadie Baer - Bates.

15. Residence (Usual place of abode) Same.

If nonresident, give place and state

16. Color or race White

17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Nieder Saulheim Rhein Hessen Mainz Germany.

19. Occupation Nature of industry Merchant

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 .....

(c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... 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 evidences of life after birth.

Signature Dolph Baatz Bates. FATHER (Physician or midwife)

Address .....

Given name added from a supplemental report .....

Month, day, year.

Filed 5/25 1926 W. W. Horst M.D. Local Registrar.

Registrar.

Filed ..... 19.....

County Registrar.

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.