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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

3.—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.

No. 2

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

110 ✓

(See #87 - April 21, 1910)

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila

District of

Town of Globe. ARIZ.

or

City of

State Index No. ~~1049~~ ✓

County Registrar No.

Local Registrar No. 97

Bat Legally Changed Name by Superior Court Judge Gila County

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

2. Full name of child RAYMOND LOUIS BAATZ - Name Changed to RAYMOND LOUIS 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 May 21 - 1910 (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 42 (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

17. Age at last birthday 29 (Years)

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

(State or country) 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 2

(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 ..... at ..... 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 evidences of life after birth.

Signature Dolph Baatz Bates Father. (~~Physician or midwife~~)

Address

Given name added from a supplemental report 922-521-222 Month, day, year.

Filed 5/28, 1926.

W. W. Horst M.D.

Local Registrar.