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Record. THIS IS A PERM.

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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
County of <u>Maricopa</u>		BUREAU OF VITAL STATISTICS.	Ter. Index No. <u>259249</u>
District of <u>Phoenix</u>		ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. <u>11</u>	
Town of <u>Phoenix</u>		Local Registrar's No. _____	
City of _____	(No. _____ St; _____ Ward)		
FULL NAME OF CHILD <u>Jamie's Hermans</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	Twin, Triplet or other <u>-</u>	and	Number in order of birth <u>-</u>
Legitimate? <u>yes</u>	Date of Birth <u>May 31</u> 19 <u>11</u>	(Month)	(Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Archie H. Hermans</u>	Full Maiden Name <u>Grace Luedel</u>		
Residence <u>Phoenix Cy</u>	Residence <u>Phoenix Cy</u>		
Color or Race <u>White</u>	Color or Race <u>White</u>	Age at last Birthday <u>37</u>	Age at last Birthday <u>26</u>
(Years)	(Years)		
Birthplace <u>Illinois</u>	Birthplace <u>Nebraska</u>		
Occupation <u>B. B. Gluck</u>	Occupation <u>Housekeeper</u>		
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were Precautions taken against Ophthalmia neonatorum? <u>2</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>May 31</u> 19 <u>11</u> , at <u>3:05</u> P. M.			
*When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>G. L. H. Hermans</u>	(Attending physician, midwife, householder. *)
Given or christian name added from a supplemental report _____ 191 <u>1</u>		Address <u>Phoenix Cy</u>	
<u>185-531-735</u>		LOCAL REGISTRAR.	
COUNTY REGISTRAR		COUNTY REGISTRAR.	

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