

4392

Fading Ink.—This is a Permanent Record.
If one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order as certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS. Ter. Index No. 67
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 159
Local Registrar's No. _____

PLACE OF BIRTH
County of Yuma
District of _____
Town of _____
or City of Strobe

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Albert Charles Semmertz } Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive NO

Sex of Child <u>Male</u>	Twins, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth <u>1</u>	Legitimate <input checked="" type="checkbox"/>	Date of Birth <u>Aug 1</u> 19 <u>11</u> (Month) (Day) (Yr)
FATHER			MOTHER		
Full Name <u>Lewis G. Semmertz</u>			Full Maiden Name <u>Amelia M. Kuhn</u>		
Residence <u>460 E. Cantonwood</u>			Residence <u>Same</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>27</u> (Years)			Age at last Birthday <u>25</u> (Years)		
Birthplace <u>Sebanon, Mo.</u>			Birthplace <u>Same</u>		
Occupation <u>Mill Man</u>			Occupation <u>Housewife</u>		

Number of child of this mother. 1. Number of children, of this mother, now living.) Were Precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 1 1911, at P M

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) C. J. H. [Signature]
(Attending physician, midwife, householder. *)

Given or Christian name added from a supplemental report _____ 1911

Address _____

Filed 8/5 1911 P. J. Fox
Filed 9/6 1911 P. J. Fox

129-571-125
COUNTY REGISTRAR