2175

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 80 ~~119~~

Co. Register No. 328

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Arizona

Town of Winkleman

or

City of

(No. St; Ward)

FULL NAME OF CHILD Abbie Josephine Holzner

Born / Alive: YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		1	Yes	Nov. (Month) 15 (Day) 1913 (yr.)

FATHER		MOTHER	
Full Name	Joe Holzner	Full Maiden Name	W. Graham
Residence	Winkleman, Ariz.	Residence	Winkleman, Ariz.
Color or Race	White. Age at last Birthday 43 (Years)	Color or Race	White. Age at last Birthday 25 (Years)
Birthplace	Germany	Birthplace	U. S.
Occupation	Miner	Occupation	House-wife

Number of child of this mother 5th | Number of children, of this mother, now living 3 | 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, Nov. 15 1913, at 4 A.M.

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

(Signature) M. G. Marden. M.D.
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address Winkleman, Ariz.

Filed Jan 4 1914

F. P. Norman
LOCAL REGISTRAR.

A True Copy

Filed Feb 6 1914

B. G. Fox M.D.
COUNTY REGISTRAR.

189-1115-674
COUNTY REGISTRAR.

number of each, in order of birth, stated. This certificate must be filed by the Midwife with each local Registrar within 5 days after birth.