

48 15

This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Pima
District of Miami
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 105/334

No. Register No. 260

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Louise Winifred Ryden } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Female } Twin, Triplet or other } and } Number in order of birth } Legitimate? yes } Date of Birth Sept. 4 1914
(Month) (Day) (Yr.)

FATHER
Full Name Oliver Ryden
Residence Miami
Color or Race White Age at last Birthday 46 (Years)
Birthplace Sweden
Occupation Miner

MOTHER
Full Maiden Name Bessie Peterson
Residence Miami
Color or Race White Age at last Birthday 40 (Years)
Birthplace Sweden
Occupation Housewife

Number of child of this mother... 9... Number of children, of this mother, now living... 8... 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 Sept. 4th 1914, at 1:00 P.M.
{ *When there is no attending physician or midwife, then the householder should make this return. } (Signature) J. Miller MD (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____ Address John H. Lacy

395-904-275
COUNTY REGISTRAR.

Filed Sept 30 1914 LOCAL REGISTRAR.
Filed Oct 5 1914 A True Copy B. G. Jay W.D.
COUNTY REGISTRAR.