

2376

the number of each, in order of birth, stated. 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 Maricopa
 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. 93
 Co. Register No. 347
 Local Registrar's No. _____

(No. Swc Oak Addition St; _____ Ward)

FULL NAME OF CHILD Berget Sunva Osland } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of Child ♀ } Twin, Triplet or other 3 } and } Number in order of birth _____ } Legitimate? Y } Date of Birth 10 11 1914
 (Month) (Day) (Yr.)

FATHER
 Full Name Steven Osland
 Residence Miami Arizona
 Color or Race Caucasian Age at last Birthday 36 (Years)
 Birthplace Norway
 Occupation Ironworker

MOTHER
 Full Maiden Name Bertha Johnson
 Residence Miami Arizona
 Color or Race Caucasian Age at last Birthday 35 (Years)
 Birthplace Norway
 Occupation Housewife

Number of child of this mother... 5 ... Number of children, of this mother, now living... 4 ... Were precautions taken against Ophthalmia neonatorum? 1% Ag 103

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 11th 1914, at 11 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) [Signature]
 (Attending physician, midwife, householder.*)
 OSTEOPATHIC PHYSICIANS

Given or christian name added from a supplemental report 191.....

Address ORTHOPEDIC SURGEON
GLOBE MIAMI

Filed Nov 1 1914

LOCAL REGISTRAR.

264-1011-215
 COUNTY REGISTRAR.

Filed Dec 5 1914

A True Copy [Signature]
 COUNTY REGISTRAR.