**PLACE OF BIRTH**

County of Gila

District of

Town of Miami

or

City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 145 State Index No. 481

**ORIGINAL CERTIFICATE OF BIRTH**

Co. Register No. 120

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD George William Schilling

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

Born Alive: YES ~~NO~~

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Yr.) |
|---|---|---|---|---|---|
| Male | | | | Yes | May 17, 1915 |

**FATHER**

Full Name: George William Schilling

Residence: Miami, Concentrator Mill

Color or Race: White

Age at last Birthday: 29 (Years)

Birthplace: American

Occupation: Bookkeeper (Mine office)

**MOTHER**

Full Maiden Name: Ilona de Murska Jung Kung

Residence: Miami

Color or Race: White

Age at last Birthday: 25 (Years)

Birthplace: American

Occupation: Housewife

Number of child of this mother: 1st

Number of children, of this mother, now living: One

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 17th May 1915, at 8 05 P.M.

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

(Signature) H. H. Miller MD

(Attending physician, ~~midwife, householder~~.*)

Address Miami Ariz.

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

Filed May 25 1915

John H. Lotty

LOCAL REGISTRAR

727-517-727

COUNTY REGISTRAR.

Filed June 5 1915

A True Copy

COUNTY REGISTRAR.

My Commission expires Jan 25 1919.

Midwife with each local Registrar within 5 days after birth.