765

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 157 State Index No. 492

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 128

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

City of .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Evelyn Stauber

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
female	One		One	Yes	May (Month) 31 (Day) 1915 (Yr.)

FATHER	MOTHER
Full Name: Cyril Stauber	Full Maiden Name: Bertha Neff
Residence: Miami - Ariz.	Residence: Miami - Ariz.
Color or Race: White; Age at last Birthday 25 (Years)	Color or Race: White; Age at last Birthday 22 (Years)
Birthplace: Kansas	Birthplace: Kansas
Occupation: Millman	Occupation: Housewife

Number of child of this mother 1 | Number of children, of this mother, now living 1 | 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 May 31 1915, at 5:30 A.M.

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

(Signature) B. W. Hardy M.D.

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

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

Address Miami - Ariz.

Filed May 31 191....

John H. Lacy

LOCAL REGISTRAR.

529-531-256

COUNTY REGISTRAR.

Filed 1916

A True Copy June 5 B. G. Fox

COUNTY REGISTRAR.

My Commission expires Mar 25 1919

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.