

1303

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

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 126 State Index No. 847
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 153
Local Registrar's No. _____
(No. _____ St; _____ Ward)

FULL NAME OF CHILD Magarethe Dorothy Herr } 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 June 19 1915
(Month) (Day) (Yr.)

FATHER
Full Name Ernest Samuel Herr
Residence Lower Miami
Color or Race White Age at last Birthday 32 (Years)
Birthplace America
Occupation Electrician

MOTHER
Full Maiden Name Pauline Emma Hewlath
Residence Lower Miami
Color or Race White Age at last Birthday 29 (Years)
Birthplace America (Colorado)
Occupation Housewife

Number of child of this mother 4 Number of children, of this mother, now living 4 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 June 19th 1915, at 4 A. M.
*When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. H. Miller M.D.
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____

Address Miami, Ariz.

Filed June 25 1915

John H. Laery
LOCAL REGISTRAR

COUNTY REGISTRAR.

Filed July 5 1915

A True Copy
B. G. Dot
COUNTY REGISTRAR.