

2560

This certificate must be filed by the attending Physician or Local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 895

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 196

Town of Miami

Local Registrar's No. _____

or
City of _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Alma Wallace Scholl } Born } YES
Alive } NO

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

Sex of Child Female } Twin, Triplet or other One } and } Number in order of birth _____ } Legitimate? Yes } Date of Birth June 10th 1916
(Month) (Day) (Yr.)

FATHER
Full Name William T. Scholl
Residence Miami, Arizona
Color or Race Caucasian Age at last Birthday 37 (Years)
Birthplace New Albany Indiana
Occupation Bakery

MOTHER
Full Maiden Name Alma Wallace
Residence Miami, Arizona
Color or Race Caucasian Age at last Birthday 25 (Years)
Birthplace Jordanetown Pennsylvania
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 June 10th 1916, at 9 A.M.

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

(Signature) Dr. Anna Perich
(Attending physician, midwife, householder,*)

Given or christian name added from a supplemental report _____ 1916

Address Miami, Arizona

Filed June 16 1916

John H. Tracy
LOCAL REGISTRAR.

123-610-165
COUNTY REGISTRAR.

Filed Aug 9 1916

A True Copy
B. G. Jones
COUNTY REGISTRAR.