

2248

PLACE OF BIRTH
 County of Yuma
 District of Maricopa
 Town of Maricopa
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **141** State Index No. **5179**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **221**
 Local Registrar's No. _____
 (No. _____ St; _____ Ward)

FULL NAME OF CHILD Esko Antero Suomela } Born } YES
 } Alive } ~~NO~~
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	<u>Male</u>	Twin, Triplet or other	<u>1</u>	and	Number in order of birth	<u>1</u>	Legitimate?	<u>Yes</u>	Date of Birth	<u>June 19</u> 191 <u>7</u> (Month) (Day) (Yr.)	
FATHER						MOTHER					
Full Name	<u>Carl Suomela</u>					Full Maiden Name	<u>Selma Pietila</u>				
Residence	<u>Maricopa</u>					Residence	<u>Maricopa</u>				
Color or Race	<u>Finnlander</u>	Age at last Birthday	<u>26</u>	(Years)	Color or Race	<u>Finnlander</u>	Age at last Birthday	<u>27</u>	(Years)		
Birthplace	<u>Fennland</u>					Birthplace	<u>Fennland</u>				
Occupation	<u>miner</u>					Occupation	<u>Housewife</u>				
Number of child of this mother	<u>1</u>	Number of Children, of this mother, now living	<u>1</u>	Were precautions taken against Ophthalmia neonatorum?	<u>Yes</u>						

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of the above child; and that it occurred on June 19 1917 at 3:20 P.M.

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

(Signature) [Signature]
 (Attending physician, midwife, householder.)

Address Maricopa, Ariz.

Given or Christian name added from a Supplemental report _____ 191__

Filed July 11 1917
 Filed Aug 7 1917

521-619-271
 COUNTY REGISTRAR.

[Signature]
 LOCAL REGISTRAR.

[Signature]
 COUNTY REGISTRAR.