

1687

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of Mohave
Town of Hayden
or
City of _____

BUREAU OF VITAL STATISTICS

State Index No. 131
Co. Register No. 128
Local Registrar's No. 1

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child Male { Twin, Triplet or other } and { Number in order of birth } Legiti- mate? yes Date of Birth Sept 15 1917
(Month) (Day) (Yr.)

FATHER
Full Name Ernest Cox Sausing
Residence Hayden, Ariz.
Color or Race White Age at last Birthday 34 (Years)
Birthplace New York.
Occupation Mining Engineer

MOTHER
Full Maiden Name Edith Ekstrom
Residence Hayden
Color or Race White Age at last Birthday 25 (Years)
Birthplace Washington
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 Sept. 15, 1917, at 1:45 P.M.

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

(Signature) C. Swackhamer M.D.
(Attending physician, midwife, householder, etc.)

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

Address Hayden, Ariz

Filed Sept 30 1917

H. Roberts
LOCAL REGISTRAR.

237-915-554
COUNTY REGISTRAR.

Filed Oct 5 1917

A True Copy B. J. Fox
COUNTY REGISTRAR.

midwife with each local Registrar within 10 days