

2463

182  
657

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH: Gila  
 County of: Gila  
 District of: Hayden + Michel  
 Town of: Hayden  
 or  
 City of: \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

State Index No. \_\_\_\_\_  
 Co. Register No. 104  
 Local Registrar's No. \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

Full Name of Child: Bertram Ramsey German Jr } Born } YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child: <u>Male</u>	Twin, Triplet or other: _____	and	Number in order of birth: _____	Legitimate? <u>yes</u>	Date of Birth: <u>Feb. 24</u> 191 <u>8</u> (Month) (Day) (Yr.)
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FATHER			MOTHER		
Full Name: <u>Bertram Ramsey German</u>	Residence: <u>Hayden, Arizona</u>		Full Maiden Name: <u>Corrytte Frank</u>	Residence: <u>Hayden, Ariz.</u>	
Color or Race: <u>White</u>	Age at last Birthday: <u>37</u> (Years)	Birthplace: <u>England</u>	Color or Race: <u>White</u>	Age at last Birthday: <u>29</u> (Years)	Birthplace: <u>Nevada</u>
Occupation: <u>Mechanic (Boiler room foreman)</u>			Occupation: <u>Housewife</u>		

Number of child of this mother... 2    Number of children, of this mother, now living... 2    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 Feb. 24 1918, at 10:30 A.M.

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

(Signature) C.R. Swackhamer, M.D.  
(Attending physician, midwife, householder\*)

Given or christian name added from a Supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address: Hayden, Ariz.

Filed Feb 28 1918    H. P. Roberts  
LOCAL REGISTRAR.

Filed Mar 6 1918    A True Copy    B. J. Joff  
COUNTY REGISTRAR.

215-224-462  
COUNTY REGISTRAR.