

2273

PLACE OF BIRTH
 County of Yila
 District of _____
 Town of Miami
 City, of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 4532
 Co. Register No. 259
 Local Registrar's No. _____
 (No. _____ St; _____ Ward)

FULL NAME OF CHILD Mary Catherine Schellert } 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 13 1918
 (Month) (Day) (Yr.)

FATHER			MOTHER		
Full Name	<u>Pete Schellert</u>		Full Maiden Name	<u>Sadie Anderson</u>	
Residence	<u>Miami</u>		Residence	<u>Miami</u>	
Color or Race	<u>White</u>	Age at last Birthday <u>27</u> (Years)	Color or Race	<u>White</u>	Age at last Birthday <u>26</u> (Years)
Birthplace	<u>Mo.</u>		Birthplace	<u>Tenn.</u>	
Occupation	<u>miner</u>		Occupation	<u>Housewife</u>	

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 the above child; and that it occurred on June 13 1918, at 1:30 AM.

*When there is no attending physician or midwife, then the householder should make this return. (Signature) Geo. A. Paige (Attending physician, midwife, householder.)

Given or Christian name added from a supplemental report... 191... Address Yusquidilla

FILED June 17 1918 FILED July 6 1918 True Copy
 COUNTY REGISTRAR. COUNTY REGISTRAR.

473-613-215
 COUNTY REGISTRAR.