

927

PLACE OF BIRTH
 County of Gila
 District of _____
 City of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 123
 Co. Register No. 177
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

(No. _____ St; _____ Ward)

Full Name of Child Karl Loraine Walsler } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Male } and } Number in order of birth _____
 Twin, Triplet or other _____ } Legitimate yes } Date of Birth Apr 3 1919
 (Month) (Day) (Yr.)

FATHER
 Name George Jasper Walsler
 Residence Miami, Ariz
 Color or Race White Age at last Birthday 40 (Years)
 Birthplace Utah
 Occupation Carpenter foreman

MOTHER
 Full Maiden Name Nellie Turley
 Residence Miami, Ariz
 Color or Race White Age at last Birthday 37 (Years)
 Birthplace Arizona
 Occupation Housewife

Number of child of this mother 9 Number of Children, of this mother, now living 7 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 Apr. 3 1919, at 5:00 AM
 *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 _____ Address Miami, Ariz
 Supplemental report _____ Filed April 10 1919 N. D. Brayton LOCAL REGISTRAR.
269-403-538 COUNTY REGISTRAR. Filed May 6 1919 B. G. Fox COUNTY REGISTRAR.
 A True Copy