

WITNESS 3 days after birth.

PLACE OF BIRTH  
 County of Gila ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS State Index No. 106  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 391  
 Town of Miami Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)  
 City of \_\_\_\_\_

FULL NAME OF CHILD Thomas Schaeffer { 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 \_\_\_\_\_ Legiti- yes Date of Birth July 5, 1919.  
 Twin, Triplet or other \_\_\_\_\_ (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>William Schaeffer</u>	Full Maiden Name	<u>Josephine Lopez</u>
Residence	<u>Miami, Ariz.</u>	Residence	<u>Miami, Ariz.</u>
Color or Race	<u>White</u>	Color or Race	<u>Mexican</u>
Age at last Birthday	<u>35</u> (Years)	Age at last Birthday	<u>25</u> (Years)
Birthplace	<u>New Mexico</u>	Birthplace	<u>Arizona</u>
Occupation	<u>miner</u>	Occupation	<u>Housewife</u>

Number of child of this mother 3 Number of Children, of this mother, now living 3 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 July 5, 1919, at 8:10AM.

{ \*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 Miami, Ariz.

Filed July 8 1919 LOCAL REGISTRAR. W. B. Snyder  
 Filed AUG 6 1919 True Copy LOCAL REGISTRAR. B. G. Gray  
329-705-139 COUNTY REGISTRAR. COUNTY REGISTRAR.