

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 County of Pima ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS State Index No. 47
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 414
 Town of Miami Local Registrar's No. _____
 or _____ St.; _____ Ward
 City of _____ (No. _____)

FULL NAME OF CHILD Margaret Caroline Schuly Born NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive YES

| | | | | | |
|--------------------------------|--|----------------------------|--|--|--|
| Sex of Child <u>Female</u> | Twins, Triplet or other _____ | and | Number in order of birth _____ | Legitimate <input checked="" type="checkbox"/> | Date of Birth <u>July 28</u> 191 <u>9</u> (Month) (Day) (Yr.) |
| FATHER | | | MOTHER | | |
| Full Name <u>August Schuly</u> | | | Full Maiden Name <u>Mollie Lannon</u> | | |
| Residence <u>Miami</u> | | | Residence <u>Miami</u> | | |
| Color or Race <u>White</u> | Age at last Birthday <u>39</u> (Years) | Color or Race <u>White</u> | Age at last Birthday <u>29</u> (Years) | Birthplace <u>Mo.</u> | |
| Occupation <u>Stock man</u> | | | Occupation <u>H. W.</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 the above child; and that it occurred July 28 1919, at 2 P. M.
 *When there is no attending physician or midwife, then the householder should make this return.
 (Signature) W. O. Brayton
 (Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 191____
 Address W. O. Brayton
 LOCAL REGISTRAR.
B. G. Jay
 COUNTY REGISTRAR.
 Filed July 31 1919
 A True Copy Filed AUG 6 1919
 COUNTY REGISTRAR.
425-728-535