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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175

Co. Registrar's No. 484

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of _____ or City of Miami (No. _____ St. _____ Ward)

FULL NAME OF CHILD Harry Ronald Rothe | Born Alive | YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate	Date of Birth Month	Day	Yr.
Male				Yes	Aug	14	1920

FATHER		MOTHER	
Full Name	Harry L. Rothe	Full Maiden Name	Mabel A. Davis
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	40 Years	Age at last Birthday	32 Years
Birthplace	Sereseo, Nebr.	Birthplace	Elliott, Iowa
Occupation	Taylor	Occupation	Housewife

Number of child of this Mother _____ | Number of Children, of this mother, now living _____ | Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug 14 1920 at 6 P.M.

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

Signature C. I. Sotel, M.D.
Attending physician, ~~midwife, householder~~.*

Address Miami Ariz

Given or Christian name added from a supplemental report _____ 191__

Filed 8/30/1920 T. H. [illegible]
LOCAL REGISTRAR.

895-814-442
COUNTY REGISTRAR.

Filed 8/31/1920 A True Copy B. G. [illegible]
COUNTY REGISTRAR.