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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 187

Co. Registrar's No. 498

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of (No. St; Ward)

FULL NAME OF CHILD James Charles Schasteen | Born Alive | YES ~~NO~~

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

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth 1 | Legitimate? yes | Date of Birth Month Aug. Day 20 Yr. 1920.

FATHER

Full Name Samuel M. Schasteen

Residence Miami, Arizona

Color or Race White

Age at last Birthday 27 Years

Birthplace Carthage, Missouri

Occupation Miner

MOTHER

Full Maiden Name Helen Strom

Residence Miami, Arizona

Color or Race White

Age at last Birthday 19 Years

Birthplace Fort Worth, Texas

Occupation Housewife

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 Aug. 20, 1920, at 5:30 P. M.

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

Signature Cyril M. Crow M.D.

Attending physician, ~~midwife, householder.~~*

Address Miami, Arizona

Given or Christian name added from a supplemental report 191

125-820-824

COUNTY REGISTRAR.

Filed 8/30/1920

Filed 9/8/1920

A True Copy

LOCAL REGISTRAR.

B. G. Fox

COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.