2173

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138
Co. Registrar's No. 609
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 Baby Sederman — Born Alive: YES [X] 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.)
M	1		3	Y	October 9, 1920

FATHER		MOTHER	
Full Name	Mat Sederman	Full Maiden Name	Era Sylf
Residence	Miami	Residence	Miami
Color or Race	Finn	Color or Race	Finn
Age at last Birthday	36 Years	Age at last Birthday	30 Years
Birthplace	Finland	Birthplace	Finland
Occupation	Carpenter	Occupation	X

Number of child of this Mother 3 | Number of Children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct 9 1920, at 8 P. M.

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

Signature Edward E. Fox M.D.
Attending physician, ~~midwife, householder~~.*

Address Miami Gila Co.

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

Filed 10/27/1920 — T. H. Slaughter, LOCAL REGISTRAR.

025-1019-023
COUNTY REGISTRAR.

Filed 10/27/1920 — A True Copy B. G. Dot
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.