1635

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

District of

Town of Miami

or

City of

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 161

Co. Registrar No. 539

Local Registrar's No. ~~540~~

(No. Hill St. Ward)

FULL NAME OF CHILD Russell Alvin Scharnick

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Oct. 26. 1921 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Russell ~~Alvin~~ LeRoy Scharnick	Full Maiden Name	Alice Marie Seburg
Residence	Miami, Ariz.	Residence	Miami, Ariz.
Color or Race	White	Age at last Birthday	23 (Years)
Birthplace	Maine, Ariz.	Age at last Birthday	18 (Years)
Occupation	Boiler maker	Birthplace	Worcester, Massachusetts
		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

3:50

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on Oct. 26 1921, at 9 M.

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

(Signature) F. F. Miller

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

Address Miami, Ariz.

Given or Christian name added from a supplemental report 192

Filed Oct 28 1921

B. M. Hardy MD

LOCAL REGISTRAR.

A True Copy

922-1026-127

COUNTY REGISTRAR.

Filed 11/7 1921

B. G. Fox

COUNTY REGISTRAR.