County of Gila

District of

Town of Miami

or

City of

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163

Co. Registrar No. 554

Local Registrar's No.

(No. St. Ward)

FULL NAME OF CHILD Still birth.

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

Born ~~YES~~ / Alive NO

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	Ow		Ow	Yes	Oct 27 - 1921. (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Alfred Burkhardt.	Full Maiden Name	Leanore Garcia
Residence	Miami.	Residence	Miami.
Color or Race	White	Color or Race	Mex.
Age at last Birthday	27 (Years)	Age at last Birthday	17 (Years)
Birthplace	Germany	Birthplace	Mexico
Occupation	Barber	Occupation	Housewife

Number of Child of this mother	Number of children of this mother now living	Were precautions taken against Ophthalmia neonatorum?
1	0	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 27 1921, at 2 P. M.

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

(Signature) B W Hardy MD

(Attending physician, midwife, householder.*)

Address Miami Ariz

Given or Christian name added from a supplemental report 192

Filed Oct 28 1921

B W Hardy MD

LOCAL REGISTRAR.

023-1027-371

COUNTY REGISTRAR.

Filed 11-7 1921

A True Copy

B. G. Fox

COUNTY REGISTRAR.