

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

1. County of Gila State Index No. 161  
 District of \_\_\_\_\_ Co. Registrar No. 377  
 Town of \_\_\_\_\_ Local Registrar No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Globe Gila County Hospital St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Junior Feutsch If child is not yet named, make supplemental report, as directed

3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate <u>Yes</u>	7. Date of birth <u>8/18/1922</u> (Month, day, year)
8. FATHER Full name <u>Paul Max Feutsch</u>		14. MOTHER Full maiden name <u>Anna Hegglia</u>		
9. Residence (Usual place of abode) If nonresident, give place and State <u>Miami Ariz</u>		15. Residence (Usual place of abode) If nonresident, give place and State <u>Miami Ariz</u>		
10. Color or race <u>White</u>	11. Age at last birthday <u>25</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>25</u> (Years)	
12. Birthplace (city or place) (State or country) <u>Germany</u>		18. Birthplace (city or place) (State or country) <u>Alsace-Lorraine</u>		
13. Occupation <u>Garage owner</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry		

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 8:20 a.m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature W. E. Davis M.D. (Physician or midwife)  
 Address Miami Ariz  
 Filed 8/22, 1922 B. G. Fox Local Registrar.  
 Filed 9/5, 1922 B. G. Fox County Registrar.

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)  
918-818-185 Registrar.