

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

PLACE OF BIRTH  
1. County of Yuma  
District of Inspiration  
Town of Yuma  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Robert Chest Fleck (If birth occurred in a hospital or institution, give its NAME instead of street and number) | If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male | To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ } 6. Legitimate? Yes } 7. Date of birth April 20-1923  
Month Day Year

<p>8. FATHER Full name <u>George Arthur Fleck</u> 9. Residence (Usual place of abode) <u>Inspiration Ariz.</u> If nonresident, give place and state 10. Color or race <u>White</u> 11. Age at last birthday <u>36</u> (Years)</p>	<p>14. MOTHER Full maiden name <u>Elizabeth Bertha Berg</u> 15. Residence (Usual place of abode) <u>Inspiration Ariz.</u> If nonresident, give place and state 16. Color or race <u>White</u> 17. Age at last birthday <u>30</u> (Years)</p>
<p>12. Birthplace (city or place) (State or country) <u>Pennsylvania</u> 13. Occupation <u>Electrician</u> Nature of industry</p>	<p>18. Birthplace (city or place) (State or country) <u>Alaska</u> 19. Occupation <u>Housewife</u> Nature of industry</p>

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 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 Charles E. Swin (Physician or midwife)  
Address Yuma Ariz

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed Apr. 30 19 23 C. E. Swin Local Registrar.  
Filed 5/5 19 23 B. J. Soy County Registrar.

962-420-527