

WHEN MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF CHILDREN MUST BE INDICATED IN ORDER OF BIRTH STATED.

PLACE OF BIRTH

1. County of Eschscholtz  
District of Eschscholtz  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Eschscholtz No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 118  
County Registrar No. 368  
Local Registrar No. \_\_\_\_\_

2. Full name of child Maxwell Snyder 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. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 20 11 23  
Month Day Year

8. FATHER Full name William Snyder

14. MOTHER Full maiden name Rosa Schmiedmann

9. Residence (Usual place of abode) Eschscholtz Ariz  
If nonresident, give place and state

15. Residence (Usual place of abode) Eschscholtz Ariz  
If nonresident, give place and state

10. Color or race W. 11. Age at last birthday 40 (Years)

16. Color or race W 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Russia  
(State or country)

18. Birthplace (city or place) Chicago Ill  
(State or country)

13. Occupation Junk dealer  
Nature of industry

19. Occupation A. W.  
Nature of industry

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

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 11:22 m. on the date above stated.  
(Born alive or stillborn.)

\*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 L. E. Wightman (Physician or midwife)  
Address Eschscholtz Ariz

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed 6-18, 1923 R. J. Day Local Registrar.  
Filed 7-5, 1923 R. J. Day County Registrar.

429-611-925