

MARGIN IS FOR BINDING. 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.

PLACE OF BIRTH

1. County of Pima  
District of \_\_\_\_\_  
Town of Young  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165  
County Registrar No. 424  
Local Registrar No. \_\_\_\_\_

2. Full name of child Frederick Vilhelm Zacharias (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
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  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth 6 27 1923  
Month Day Year

8. FATHER  
Full name Frederick Zacharias

14. MOTHER  
Full maiden name Emma Marie Woodridge

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

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

10. Color or race white

11. Age at last birthday 51 (Years)

16. Color or race white

17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Helsingør  
(State or country) Denmark

18. Birthplace (city or place) Midlothian  
(State or country) Virginia

13. Occupation  
Nature of industry Cattle

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 2  
(b) Born alive but now dead \_\_\_\_\_  
(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 born alive at 11:45 p.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 Mrs. M. A. Hines  
(Physician or midwife)  
Address Young Ariz.

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

Filed July 20, 1923 Milton J. Thompson  
Local Registrar.  
Filed Aug 1, 1923 B. J. J. J.  
County Registrar.

699-627-565