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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 Dale State Index No. 119
District of _____ County Registrar No. 255
Town of Miami Local Registrar No. _____
or _____
City of _____ No. M. + J. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frank Victor Seelinger Jr. (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. 2 6. Legitimate? yes Date of birth Oct. 3- 1923.
Month day year

8. FATHER Full name <u>Frank Victor Seelinger</u>	14. MOTHER Full maiden name <u>Catherine A. Harper</u>
9. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state
10. Color or race <u>white</u>	16. Color or race <u>white</u>
11. Age at last birthday <u>46</u> (Years)	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Rockville, Mo.</u> (State or country)	18. Birthplace (city or place) <u>Stancia, New Mexico</u> (State or country)
13. Occupation Nature of industry <u>Millman</u>	19. Occupation Nature of industry <u>Housewife</u>

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

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 (Born alive or stillborn.) at 9:45 p.m. on the date above stated.

Signature C. M. Crow M.D. (Physician or midwife)
Address Miami, Ariz.
Given name added from _____
supplemental report _____
Month, day, year. Filed Oct 31, 1923 Local Registrar. J. J. Jones
Registrar. Filed 11-6-23 County Registrar.

629-1003-347