[redacted]

PLACE OF BIRTH

1. County of Gila

District of

Town of Hayden

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158

County Registrar No. 309

Local Registrar No. 17

2. Full name of child Baby Bretschneider (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 19 1924 (Month day year)

8. FATHER Full name Emil Rudolf Bretschneider

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

10. Color or race White

11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Prospern (State or country) Germany

13. Occupation Nature of industry Clerk

14. MOTHER Full maiden name Elsa Olson

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

16. Color or race White

17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Torso (State or country) Sweden

19. Occupation Nature of industry Housewife

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 0 (b) Born alive but now dead 0 (c) Stillborn 1

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 still born (Born alive or stillborn.) at 3 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 evidences of life after birth.

Signature [illegible] (Physician or midwife)

Address Hayden Ariz.

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

Registrar.

Filed April 20 1924 [illegible] Local Registrar.

Filed May 7 1924 [illegible] County Registrar.

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.

029-449-565