

1114

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 Maricopa
District of _____
Town of Miami
or _____
City of _____
No. M. I. J. Hoop
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 205
County Registrar No. 749951
Local Registrar No. _____
St. _____ Ward _____

2. Full name of child Madeline Haecker
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____
5. No., in order of birth 1

6. Legitimate? yes

7. Date of birth Nov. 29-1924
Month day year

8. FATHER		14. MOTHER	
Full name <u>Frederick Woods Haecker</u>		Full maiden name <u>Miriam Isabel Jessier</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>Cauc.</u>	11. Age at last birthday <u>23</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Lincoln Nebraska</u> (State or country)		18. Birthplace (city or place) <u>Wes Moines Iowa</u> (State or country)	
13. Occupation Nature of industry <u>Geologist</u>		19. Occupation Nature of industry <u>Housewife</u>	
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. <u>1</u> (b) Born alive but now dead. _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

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 9:30 at _____ on the date above stated.

Signature Byril M. Brown M.D.
(Physician or midwife)
Address Miami, Arizona
Given name added from a supplemental report _____
Month, day, year _____

Filed Dec 3, 1924 _____
Local Registrar.
Filed 1-5, 1925 _____
County Registrar.

449-1129-439