

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

ARIZONA STATE BOARD OF HEALTH

1. County of Cocondo  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or  
 City of Eslope

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Louise Ernestina Witterman  
 No. 693 North Seventh St  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_  
 (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. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Feb-13-1925  
 Month Day Year

8. FATHER  
 Full name Frank E. Witterman

14. MOTHER  
 Full maiden name Emma O'neil

9. Residence (Usual place of abode) Eslope Ariz  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Eslope Ariz  
 If non-resident, give place and state.

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

16. Color or race White  
 17. Age at last birthday 35 (Years)

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

18. Birthplace (city or place) Eslope Arizona  
 (State or country)

13. Occupation Barber  
 Nature of Industry

19. Occupation House wife  
 Nature of Industry

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 3  
 (b) Born alive but now dead None  
 (c) Stillborn None

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 \_\_\_\_\_ at 12:58 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 P. J. Hodel, M.D.  
 (Physician or midwife)  
 Address Maau Ariz

Given name added from a supplemental report. Filed March 19 25 Nelson & Brayton  
 Month, day, year Local Registrar.

Registrar \_\_\_\_\_ County Registrar \_\_\_\_\_  
 Filed \_\_\_\_\_, 19 \_\_\_\_\_

365-213-563