

MARGIN RESERVED 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 Cochise
 District of Benson
 Town of _____
 or _____
 City of Benson

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 79
 County Registrar No. _____
 Local Registrar No. 4

2. Full name of child. Marie Dora Ohmsaegen (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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 3 24 1925
 Month Day Year

8. FATHER
 Full name Edward Ohmsaegen
 9. Residence (Usual place of abode) Benson
 If non-resident, give place and state.
 10. Color or race German, American & Mexican
 11. Age at last birthday 25 (Years)
 12. Birthplace (city or place) Benson
 (State or country) Arizona
 13. Occupation Laborer & Clerk
 Nature of Industry in Hardware Store

14. MOTHER
 Full maiden name Victoria Amual
 15. Residence (Usual place of abode) Benson
 If non-resident, give place and state.
 16. Color or race any
 17. Age at last birthday 26 (Years)
 18. Birthplace (city or place) Benson
 (State or country) Arizona
 19. Occupation Housewife
 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 2 (b) Born alive but now dead 0 (c) Stillborn 0 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 alive at 6:26 a. 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 Richard E. Yellow (Physician or midwife)
 Address Benson, Arizona

Given name added from a supplemental report. Month, day, year Filed April 2, 1925 J. J. Morrison Local Registrar.

Registrar Filed _____, 19 _____ County Registrar.

465-324-523