

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 171
 Registered No. 223

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Miami - Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Matilda Jean Engleberg { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>August 15, 1925</u> Month Day Year
		5. No., in order of birth _____		

8. **FATHER**
 Full name Daniel Engleberg

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

10. Color or race White (Irish)
 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) New York City
 (State or country) N. Y.

13. Occupation Dry goods merchant
 Nature of industry Army + Navy Store

14. **MOTHER**
 Full maiden name Rose Anna Feldman

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

16. Color or race White (Irish)
 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Russia
 (State or country)

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother _____	(a) Born alive and now living <u>1</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:34 P m. on the date above stated
(Born alive or stillborn)

Signature J. J. Miller
M.D.
(Physician or midwife).

Given name added from a supplemental report _____
 Month, day, year _____ Address Miami, Arizona
 Filed Aug 23, 1925 C. E. Davis
 Registrar Registrar

457-815-965

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.