

## PLACE OF BIRTH

1. County of GilaDistrict of WinselmanTown of Winselman

or

City of Arizona

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 203

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

If child is not yet named, make supplemental report, as directed.

2. Full name of child Rudolf Gilbert Bretschneider3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. Yes 6. Legitimate? Yes 7. Date of birth Aug 31 1925  
Month Day Year5. No., in order of birth 18. FATHER Full name Rudolf Emil Bretschneider 14. MOTHER Full maiden name Elsie Olson9. Residence (Usual place of abode) Winselman, Ariz. 15. Residence (Usual place of abode) Winselman, Ariz.  
If nonresident, give place and state10. Color of race White 16. Color of race White 17. Age at last birthday 21 (Years)11. Age at last birthday 32 (Years) 12. Birthplace (city or place) Germany, Europe 18. Birthplace (city or place) Sweden  
(State or country) (State or country)13. Occupation Employed by Ray Counsel 19. Occupation Housewife  
Nature of industry Nature of industry20. Number of children of this mother (a) Born alive and now living 1 21. Were precautions taken against ophthalmia neonatorum? Yes  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 1 (c) Stillborn Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Aug 31, 1925 at 1:30 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 P. M. Butler  
(Physician or midwife)

Address \_\_\_\_\_

Given name added from a supplemental report ✓ ✓ ✓ Filed Sept 6, 1925 P. M. Butler Local Registrar.

Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

Registrar.

929-831-565

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.