

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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
STANDARD CERTIFICATE OF BIRTH

State File No. 167
Registered No. 265

1. PLACE OF BIRTH

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

2. Full name of child Helen Louise Schaeffer (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 9-30-25
Month Day Year

8. FATHER
Full name William Schaeffer

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

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

12. Birthplace (city or place) Pinos Altos N. Mex.
(State or country)

13. Occupation
Nature of industry Miner.

14. MOTHER
Full maiden name Josephine Lopez

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

16. Color or race Mex. 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Mogales Ariz.
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 6
(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 7:00 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 C. W. Adams
Globe Ariz.
(Physician or midwife)

Given name added from a supplemental report _____
929-930-139 Month, day, year
Registrar

Address _____
Filed 10/31 1925 W. W. Hoosh
Registrar