ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 190

Registered No. 307

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: Lower Miami or Village:

City: Miami No. 303 Hill St. Ward

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

2. Full name of child: Elysen Godford Burkhardt (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Male

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: Oct 23 1925 (Month Day Year)

8. FATHER

Full name: August Jonas Burkhardt

9. Residence (Usual place of abode): Miami Ariz

If non-resident, give place and state.

10. Color or race: White

11. Age at last birthday: 29 (Years)

12. Birthplace (city or place): Beatrice

(State or country): Nebraska

13. Occupation: Miner

Nature of industry: Copper

14. MOTHER

Full maiden name: Carmen Monique Olmstead

15. Residence (Usual place of abode): Miami Arizona

If non-resident, give place and state.

16. Color or race: White

17. Age at last birthday: 29 (Years)

18. Birthplace (city or place): Sacramento

(State or country): California

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: 3 (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: 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 alive (Born alive ~~or stillborn~~) at 1:30 P m. on the date above stated.

* 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: F. Fuller MD (Physician or ~~midwife~~)

Address: Miami, Arizona

Given name added from a supplemental report: Month, day, year

Registrar

Filed Nov 5, 1925 C. E. Orin Registrar

723-1023-364

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the num. order of birth stated.