

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of children separately WITH UNFADING INK—THIS IS A PERMANENT RECORD in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Cochise
District of _____
Town of _____
or Willcox
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 75
County Registrar No. _____
Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Walter Scharer Lohrentz } 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. _____ 6. Legitimate? Yes
5. No., in order of birth _____ 7. Date of Birth NOV 21 1925
Month day year

8. FATHER
Full name Walter R. Lohrentz

14. MOTHER
Full maiden name Amie Bell

9. Residence (Usual place of abode) Willcox
If nonresident, give place and state

15. Residence (Usual place of abode) Willcox
If nonresident, give place and state

10. Color or race White

11. Age at last birthday 54 (Years)

16. Color or race White

17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Germany
(State or country)

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

13. Occupation
Nature of industry Mechanic

19. Occupation
Nature of industry Housewife

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 none
(c) Stillborn none

21. Were precautions taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 P.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 evidences of life after birth.

Signature J. E. Wilson M.D.
(Physician or midwife)

Address Willcox Arizona.

Given name added from a supplemental report _____
Month, day, year.

Filed Dec 1 19 25 B. E. B. M. C.
Local Registrar.

Registrar. _____ Filed _____ County Registrar.

639-1121-123