

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 161

District of _____

County Registrar No. _____

Town of _____

Local Registrar No. 41

or Globe

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

2. Full name of child John Kohn { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 5 6. Legitimate? yes 7. Date of birth Feb 21 - 26 Month Day Year

8. FATHER
Full name Otto Kohn
9. Residence (Usual place of abode) Globe
If non-resident, give place and state.
10. Color or race W
11. Age at last birthday 36 (Years)

14. MOTHER
Full maiden name Louise Laake
15. Residence (Usual place of abode) Globe
If non-resident, give place and state.
16. Color or race W
17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Ger
(State or country)
13. Occupation Mechanic
Nature of industry Auto

18. Birthplace (city or place) Mich
(State or country)
19. Occupation Housewife
Nature of industry

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 5 (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 10 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 evidence of life after birth. Signature R. D. Hervey (Physician or midwife) Address Globe

Given name added from a supplemental report _____ Filed 2/28 26 19____ N. N. Hunt Local Registrar. Registrar _____ Filed _____ 19____ County Registrar.

125-221-335