

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 Sela
District of _____
Town of Hayden
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158
County Registrar No. _____
Local Registrar No. 18

2. Full name of child Warren Leroy Schauer
(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.

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 Mar 13 1926
Month day year

8. FATHER
Full name William August Schauer
9. Residence (Usual place of abode) Hayden
If nonresident, give place and state _____

14. MOTHER
Full maiden name Mildred Bower
15. Residence (Usual place of abode) Hayden
If nonresident, give place and state _____

10. Color or race White
11. Age at last birthday 26 (Years)

16. Color or race White
17. Age at last birthday 19 (Years)

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

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

13. Occupation Carpenter
Nature of industry

19. Occupation House Wife
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 2
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ~~epi-~~thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. on the date above stated.
(Born alive or stillborn.)

Signature Charles F. Hunter M.D.
(Physician or midwife)
Address Hayden Arizona

Given name added from supplemental report _____
Month, day, year. Filed April 15 1926 W. J. J. J. Local Registrar.
County Registrar.

629-313-569