

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 111
Registered No. 136

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Claypool or Village _____
City Miami No. Main Highway St. _____ Ward _____
(If birth occurred in a hospital or institution) give its NAME instead of street and number

2. Full name of child Charmaine Iris Schuyler

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births. female

4. Twin, triplet or other _____

6. Legitimate?

Yes

7. Date of birth April 2 1928
Month Day Year

5. No., in order of birth _____

8. FATHER
Full name Clark Anson Schuyler

14. MOTHER
Full maiden name Rena Iris Troutner

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

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

10. Color or race
White

11. Age at last birthday 38 (Years)

16. Color or race
White

17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Elizgin Illinois
(State or country)

18. Birthplace (city or place) Ionia Iowa
(State or country)

13. Occupation
Nature of industry Machinist Copper mine

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 0
(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 at 12:35 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 J. J. Miller
MD
(Physician or midwife)

Given name added from _____ Address Miami, Arizona

Month, day, year _____ Filed Apr 11 1928
Registrar. P. E. Dinn Registrar.

329-402-939