ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH.

State File No. 198

Registered No. 76

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Globe No. Gila County Hosp St. ..... Ward

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

2. Full name of child John Paul Hillmer { 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 4 - 29 - 29 (Month Day Year)

8. FATHER

Full name Alex Reinhold Hillmer

9. Residence (Usual place of abode) Bylas

If non-resident, give place and state. Ariz.

10. Color or race White

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Montello

(State or country) Wisc

13. Occupation

Nature of industry Missionary

14. MOTHER

Full maiden name Anna Maas

15 Residence (Usual place of abode) Bylas

If non-resident, give place and state. Ariz

16 Color or race White

17. Age at last birthday 32 (Years)

18. Birthplace (city or place) Blueearth

(State or country) Minn.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 1

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(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 4 00 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 C Wadams

Physician

(Physician or ~~midwife~~).

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

Address Box 631 Globe, Ariz

Filed 5/8, 1929 L. E. Wightman M.D.

Registrar

Registrar

189-429-142

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.