

WRIT. MAINLY WITH UNBORN AND BORN. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated. 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
Winona

ARIZONA STATE BOARD OF HEALTH

1. County of Winona
District of _____
Town of Flagstaff
or _____
City of Flagstaff

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 102
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Mabel Kaerlin Gusberg
(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 F. To be answered ONLY in event of plural births. Male Female
4. Twin, triplet or other No Yes
5. No. in order of birth 1
6. Legitimate? Yes No
7. Date of birth Dec. 8 - 1926
Month Dec Day 8 Year 1926

8. FATHER
Full name Michael Gusberg

14. MOTHER
Full maiden name Minnie Nickel

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

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

10. Color or race W. C.
11. Age at last birthday 42 (Years)

16. Color or race White
17. Age at last birthday 35 (Years)

12. Birthplace (city or place) New York
(State or country) N. Y.

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

13. Occupation Asst. Postmaster
Nature of industry Post office

19. Occupation H. W.
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 3
(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 _____ 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 A. J. Chormann (Physician or midwife)
Address Flagstaff

Given name added from a supplemental report _____ Filed _____ 19____
Month, day, year
Registrar _____
Filled Dec 27 1926 E. H. Felt
Local Registrar _____
County Registrar _____

477-1208-453