

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS

State Index No. 135

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 441

Local Registrar No. _____

No. Miami - Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Franklin Kern { 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 Oct 14 1927
Month Day Year8. FATHER
Full name Franklin Kern9. Residence (Usual place of abode) Miami, Ariz
If non-resident, give place and state.10. Color or race White 11. Age at last birthday 26 (Years)12. Birthplace (city or place) New Mexico
(State or country)13. Occupation Millman
Nature of Industry Copper mining20. 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 1
(b) Born alive but now dead 0
(c) Stillborn 014. MOTHER
Full maiden name Della Flora Williden15. Residence (Usual place of abode) Miami, Ariz
If non-resident, give place and state.16. Color or race White 17. Age at last birthday 19 (Years)18. Birthplace (city or place) Glendale, Ariz
(State or country)19. Occupation Housewife
Nature of industry21. 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 9:10 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 J. J. Miller (Physician or midwife)Address Miami, ArizGiven name added from a supplemental report _____ Filed Oct 25, 27 19 _____ Local Registrar.

Month, day, year

Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

685-1014-462