

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 123

Registered No. 118

1. PLACE OF BIRTH

County Gila State _____

Township _____ or Village _____

City _____

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full name of child Keaford Clever

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

3. Sex Male

If plural births _____

4. Twin, triplet, or other _____

6. Premature _____ Full term _____

7. Live _____

8. Birth _____

9. Date of birth April 13 1924
 (Month, day, year)

9. Full name Keaford Clever

FATHER

18. Full maiden name Maria Ostry

MOTHER

10. Residence (usual place of abode) Miami

(If nonresident, give place and State)

19. Residence (usual place of abode) Miami

(If nonresident, give place and State)

11. Color Mex

12. Age at last birthday 28 (Years)

20. Color Mex

21. Age at last birthday 28 (Years)

13. Birthplace (city or place) Mexico

(State or country)

22. Birthplace (city or place) Mexico

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work 5

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer office, silk mill, etc.

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work 4

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated (Born alive or otherwise)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sam O. Grayson Midwife

Given name added from a supplemental report _____

or _____

Address _____

Filed Apr 20 1924

369-415-469 (Date of)

Registrar

Registrar

N. B.—In cases 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.