

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **104**
Registered No. **2157**

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 1030 Helvis Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Iris Jean Kuhn If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. Twin, triplet or other. Legitimate 7. Date of birth Feb 4 1932
5. No. in order of birth 1 Month Day Year

8. FATHER Full name Charles Frank Kuhn

14. MOTHER Full maiden name Eleanor Irene Worley

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

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If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 30 (Years)

18. Color or race White 17. Age at last birthday 19 (Years)

12. Birthplace (City or place) Mt Wayne, Indiana
(State or country)

18. Birthplace (city or place) Arcadia Va
(State or country)

13. Occupation Miner
Nature of Industry Copper

19. Occupation H. W.
Nature of Industry

20. Number of children of this mother: (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 Born alive at 9:17 on the day above stated.

Signature Charles E. Irons (Physician or midwife.)

Given name added from a supplemental report _____ Address Miami Arizona

Month, day, year 9-25-32 Registrar Chas E Irons
Filed Feb 4 32 Registrar