ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 15211

Registered No. .....

1. PLACE OF BIRTH

County Gila State Arizona

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

City Payson No. ..... St. ..... Ward .....

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

2. Full name of child Otis Dean Kiser {If child is not yet named, make supplemental report, as directed}

3. Sex Male | If plural births {4. Twin, triplet, or other ..... 5. Number, in order of birth .....} | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth 3-20- (Month, day, year) 19.32

FATHER	MOTHER
9. Full name: Frank F. Kiser	18. Full maiden name: Ben Sak J. Keene
10. Residence (usual place of abode) (If non-resident, give place and State): Payson, Ariz.	19. Residence (usual place of abode) (If non-resident, give place and State): Joplin, Mo
11. Color or race: White; 12. Age at last birthday: 50 (Years)	20. Color or race: White; 21. Age at last birthday: 34 (Years)
13. Birthplace (city or place) (State or country): Ness City, Kans.	22. Birthplace (city or place) (State or country): Opolia, Kans.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

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

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 ..... (Born alive or stillborn) at 11:30 P m. on the date above stated.

* 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 Frank F. Kiser (Physician or midwife).

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

Address .....

629-320-2225

Filed 6-28 1932 C H Russ M.D. Registrar

Registrar

Note: Please write with ink or type, and the number of each in order of birth stated must be made for each, and the