

Supplement to 89 B

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

State File No. 89 B
Registered No. 172

1. PLACE OF BIRTH

County DeLa State Arizona
Township _____ or Village _____
City Miami No. _____ St. _____ War _____
(If born occurred in a hospital institution, give its NAME instead of street and number)

2. Full name of child Winona Jane Klein (If child is not yet named, make supplemental report, as directed)

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ 7. Legitimacy _____ 8. Date of birth June 11, 1932
(Month, day, year)

9. Full name of FATHER Barney James Klein

18. Full maiden name of MOTHER Mary Underwood

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 or race Wh 12. Age at last birthday 26 (Years)

20. Color or race White 21. Age at last birthday 25 (Years)

13. Birthplace (city or place) Melrose
(State or country) Miss

22. Birthplace (city or place) Salem
(State or country) Utah

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

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

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

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 _____ 17. Total time (years) spent in this work 8 1/2

25. Date (month and year) last engaged 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 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 Born alive at 1- P on the date above state
(Born alive or stillborn)

(Signed) J. F. Miller, M.D.
or M.D. Arizona Midwife

Given name added from a supplemental report _____ (Date of) _____
625-611-4114 Registrar
Address Miami, Arizona
Filed Aug. 20, 1932, G. E. Fisher Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.