Arizona State Board of Health

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 89 B 41

Registered No. 218

1. PLACE OF BIRTH

County: Gila

State: ARIZONA

District or Township: Claypool

or Village:

City: MIAMI, No. RR Ave St. We

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

2. Full name of child: Klein

(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.

4. Twin, triplet or other:

5. No., in order of birth:

6. Legitimate? yes

7. Date of birth: June 11 19. (Month Day Year)

8. FATHER

Full name: Barney James Klein

9. Residence (Usual place of abode): MIAMI, ARIZONA

If non-resident, give place and state.

10. Color or race: White

11. Age at last birthday: 26 (Years)

12. Birthplace (city or place): Melrose

(State or country): Minnesota

13. Occupation: Miner

Nature of industry: Copper

14. MOTHER

Full maiden name: Mary Narcissus Under

15. Residence (Usual place of abode): MIAMI, ARIZONA

If non-resident, give place and state.

16. Color or race: White

17. Age at last birthday: 25 (Years)

18. Birthplace (city or place): Payson

(State or country): Utah

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: 3

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 3

(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 alive (Born alive or stillborn.) at 1:30 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: F. E. Miller

F. E. MILLER, M.D. MIAMI, ARIZONA (Physician or midwife).

Address: MIAMI, ARIZONA

Given name added from a supplemental report: 625-611-4404 (Month, day, year)

Filed Oct 30 1939 C. E. Osborne Registrar

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.