1. PLACE OF BIRTH

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 3504

Registered No. 1257

County Maricopa State Arizona

Township or Village

City Phoenix No. 1484 East Pierce St. Ward

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

2. Full name of child Donald Eugene Kleck (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: yes

7. Legitimate: yes

8. Date of birth June 30th, 1932 (Month, day, year)

FATHER	MOTHER
9. Full name: Holland Eugene Kleck	18. Full maiden name: Monella Boswell
10. Residence (usual place of abode) (If non-resident, give place and State): Phoenix,	19. Residence (usual place of abode) (If non-resident, give place and State): Phoenix
11. Color or race: white; 12. Age at last birthday: 21 (Years)	20. Color or race: white; 21. Age at last birthday: 18 (Years)
13. Birthplace (city or place) (State or country): Wash. D.C.	22. Birthplace (city or place) (State or country): Ark.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	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: present, 19	25. Date (month and year) last engaged in this work: present, 19
17. Total time (years) spent in this work:	26. Total time (years) spent in this work: 3 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (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 (Born alive or stillborn) at 2:10A m. on the date above stated

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

(Signed) [illegible], M. D.

or , Midwife

Address

Filed 8-22, 1932 [illegible] Registrar.

Given name added from a supplemental report (Date of)

Registrar.

422-630-423