ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 117a

Registered No. 66

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Globe No. St. Ward

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

2. Full name of child: Marion Jean Kline (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: July 28 1933 (Month Day Year)

8. FATHER

Full name: John H. Kline

9. Residence (Usual place of abode) If non-resident, give place and state: Globe Ariz

10. Color or race: white

11. Age at last birthday: 45 (Years)

12. Birthplace (city or place): Pittsburgh (State or country): Pa.

13. Occupation: Carpenter

Nature of Industry:

14. MOTHER

Full maiden name: Theodora Olert

15. Residence (Usual place of abode) If non-resident, give place and state: Globe Ariz

16. Color or race: white

17. Age at last birthday: 40 (Years)

18. Birthplace (city or place): St. Louis (State or country): Mo.

19. Occupation: Housewife

Nature of Industry:

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child): 3

(a) Born alive and now living: 3

(b) Born alive but now dead: 0

(c) Stillborn: 0

21. Used 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 (Born alive or stillborn) at 1:10 A.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. C. Harper M.D.

Physician (Physician or midwife)

Address: Globe Ariz.

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

Registrar

Filed 9/6 1933 B. E. Wightman Registrar

425-728-363

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.