MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Number in circle at above right is the serial number of the certificate. Number in circle at above left is the number of the reader of birth-related.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 772

Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village: Payson

City: No. St. Ward

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

2. Full name of child: Tommie Norman Kilyard (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Male

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: Oct. 1 1933 (Month Day Year)

8. FATHER

Full name: Thomas Joseph Kilyard

9. Residence (Usual place of abode): Payson

If non-resident, give place and state: Arizona

10. Color or race: white

11. Age at last birthday: 29 (Years)

12. Birthplace (city or place): Austria

(State or country): Hungary

13. Occupation: Carpenter

Nature of industry:

14. MOTHER

Full maiden name: Almira Kingsley Hartford

15. Residence (Usual place of abode): Payson

If non-resident, give place and state: Arizona

16. Color or race: white

17. Age at last birthday: 22 (Years)

18. Birthplace (city or place): Boston

(State or country): Massachusetts

19. Occupation: House Wife

Nature of industry:

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child): 2

(a) Born alive and now living: 2

(b) Born alive but now dead:

(c) Stillborn:

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 Born alive (Born alive or stillborn) at 10:45 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: Mrs. A. L. Hartford Midwife (Physician or midwife)

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

Address: Payson, Arizona

322-1001-184 Registrar

Filed 11-17 1933 G. H. Burgess Registrar