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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 114

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona.

Township or Vill. P.O. Box 12, Claypool.

City Miami No. 36 Oak St. Claypool, Ariz. St. Ward

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

2. Full name of child Alice Mae Kieren (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate Yes | 8. Date of birth Dec. 15, 1933. (Month, day, year)

FATHER	MOTHER
9. Full name Chester George Kieren	18. Full maiden name Alice A. Wakefield
10. Residence (usual place of abode) (If nonresident, give place and State) Claypool, Ariz.	19. Residence (usual place of abode) (If nonresident, give place and State) Claypool, Ariz.
11. Color or race Cauc. 12. Age at last birthday 46 (Years)	20. Color or race Cauc. 21. Age at last birthday 39 (Years)
13. Birthplace (city or place) Commonwealth, (State or country) Wis.	22. Birthplace (city or place) Besner, (State or country) Mich.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hoist Engineer	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. Miami Copper Co	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, 19 — 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work, 19 — 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 6 (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 1/40P m. on the date above stated

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

(Signed) Cyril M. Crow, M.D. or Midwife

Address Miami, Arizona.

Given name added from a supplemental report (Date of) Registrar.

Filed Jan. 1, 1934. C. M. Crow Registrar.

125 — 1215 - 1604