SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 424
Registered No. 448
Arizona

1. PLACE OF BIRTH

County Maricopa State ARIZONA
Township
City Phoenix or Village
No. 2329 N. Evergreen St.
(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward

2. Full name of child (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 yes | 7. Legitimate? yes | 8. Date of birth Jan. 24 (Month, day, year) 1934

FATHER

9. Full name Frank Theodore Tigen
10. Residence (usual place of abode) (If non-resident, give place and State) Phoenix
11. Color or race White 12. Age at last birthday 35 (Years)
13. Birthplace (city or place) (State or country) South Dakota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ..., 19..
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Rose Anna Kobold
19. Residence (usual place of abode) (If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 31 (Years)
22. Birthplace (city or place) (State or country) Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
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 5 (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 8:25 a.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
Address Phoenix, Arizona
Filed 2-3-, 1934 [illegible] Registrar.

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

135-124-924