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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ____

Registered No. 95.

Arizona ____

1. PLACE OF BIRTH

County: Coconino State: Arizona

Township: ____ or Village: ____

City: Flagstaff No. Mercy Hospital St. ____ Ward ____

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

2. Full name of child: Milton Harvey 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: Sept. 3, 1934 (Month, day, year)

FATHER	MOTHER
9. Full name: Raymond Harvey Kleck	18. Full maiden name: Mary Margaret Sherwood
10. Residence (usual place of abode) (If non-resident, give place and State): Southwest Experiment Station near Flagstaff Ariz	19. Residence (usual place of abode) (If non-resident, give place and State): Southwest Experiment Station near Flagstaff Ariz
11. Color or race: White; 12. Age at last birthday: 23 (Years)	20. Color or race: White; 21. Age at last birthday: 22 (Years)
13. Birthplace (city or place) (State or country): Phoenix Ariz	22. Birthplace (city or place) (State or country): Zanesville Ohio
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic	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.: U. S. Forest Service	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: At present engaged; 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 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 9:10 a. m. on the date above stated

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

Given name added from a supplemental report 422-903-6/24 (Date of)

(Signed) M. S. Ermisch, M. D.

or Midwife

Address Flagstaff Ariz

Filed Oct. 8 1934 Fritz Hermann M.D. Registrar.

Registrar.

BM 9-17-32 MB-47040