9404

Write ...nly, with Unf...ng Ink.—This is a Perm... 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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of Miami

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 76

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 174

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD ~~No Name~~ Leslie Francis Richards Kiern — Born / Alive YES / ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number; in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	August 19 1911 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Frank Edward Kiern Jr	Full Maiden Name	Pearl Richards
Residence	Miami A.T.	Residence	Miami A.T.
Color or Race	W	Color or Race	W
Age at last Birthday	21 (Years)	Age at last Birthday	21 (Years)
Birthplace	Wisconsin	Birthplace	Wisconsin
Occupation	Mechanic	Occupation	House wife

Number of child of this mother 1. | Number of children, of this mother, now living 1 | Were Precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on August 19 1911, at 4:30 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) W. E. McCorkle M.D.
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report ..... 191__

Address Miami A.T.

Filed Sept 12 1911 — B. G. Fox, LOCAL REGISTRAR.

392-819-792 COUNTY REGISTRAR.

Filed Oct 5 1911 — B. G. Fox M.D. COUNTY REGISTRAR.