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George Oliver Kieren 7628

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 118

Place of Birth Miami (Registration District) County ~~Globe~~ Gila No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			

DATE OF BIRTH* Oct. (Month) 22, (Day) 1912 (Year)

FULL* NAME FATHER Chester George Kieren

FULL* MAIDEN NAME MOTHER Alice Amelia Wakefield

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

George Oliver Kieren
(Give name in full) (Surname)

~~(Parent's Signature)~~

Mrs. Alice A. Kieren
~~(Signature of Physician or Midwife)~~
(Parent's Signature)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 12-46

725-1027-164