

2323

State File No. 86, Gila Co.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

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

Place of Birth Miami Arizona County Gila No. 401 Miami Hill St.

SEX OF CHILD* Male Twin Triplet or other? no and } Number in order of birth -

DATE OF BIRTH* Nov. 9 1912
(Month) (Day) (Year)

FULL NAME Frank Kieren FATHER

FULL MAIDEN NAME Clara Wiser MOTHER

I HEREBY CERTIFY that the child described herein has been named

Lawrence Robert Kieren
(Give name in full) (Surname)

Alice Kieren
(Parent's Signature)

(Signature of Physician or Midwife)

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

Blank supplemental reports of birth may be obtained from the local registrar.
5M 5/20/41

325-1109-369

LAWRENCE ROBERT KIERNEN
MARGIN RESERVED FOR BINDING
USE PERMANENT INK