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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 100

Co. Register No. 95

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of Globe

Town of .....

or

City of Globe

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Delila Adeline Kiefer

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
Female	—		—	Yes	April 17 1915 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Leo Kiefer	Full Maiden Name	Hattie Ballard
Residence	So Broad St	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	37 (Years)	Age at last Birthday	37 (Years)
Birthplace	San Antonia, Texas	Birthplace	Payson, Utah
Occupation	Boiler Maker	Occupation	Housewife

Number of child of this mother 5 | Number of children, of this mother, now living 4 | 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 April 17 1915, at 4 30 P M.

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

(Signature) C. J. Sturgeon
(Attending physician, ~~midwife, householder~~.*)

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

Address .....

Filed Apr 20 1915 — B. G. Fox, LOCAL REGISTRAR.

429-417-824
COUNTY REGISTRAR.

Filed May 5 1915 — A True Copy — B. G. Fox, COUNTY REGISTRAR.

The number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.