

2234

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Navajo
District of Winslow
Town of _____
or _____
City of Winslow

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 434
County Registrar No. 226
Local Registrar No. 78

No. 114 East Aspinwall St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Richard Gordon Kleindienst If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth Aug 5-1923
Month Day Year

8. FATHER
Full name Alfred Kleindienst
9. Residence Winslow
(Usual place of abode)
If nonresident, give place and state Arizona
10. Color or race White
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) Washington,
(State or country) D.C.
13. Occupation Post Master
Nature of industry

14. MOTHER
Full maiden name Gladye Love
15. Residence Winslow
(Usual place of abode)
If nonresident, give place and state Arizona
16. Color or race White
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) Lowell,
(State or country) Mass.
19. Occupation House wife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. L. Hathaway M.D.
Address Box 275 - Winslow Arizona

Given name added from a supplemental report _____
Month, day, year. _____
Registrars: Filed Sept 10 1923 Carrie M. Matthews Local Registrar
Filed Oct 6 1923 Frank Matthews County Registrar

923-805-735