

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155
County Registrar No. 639
Local Registrar No. 47

PLACE OF BIRTH
1. County of Gila
District of Payson
Town of Payson
or
City of _____

2. Full name of child Dorothy Nell Kiefer (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth 1st 6. Legitimate? Yes 7. Date of birth Sept 26 1923
Month Day Year

8. FATHER
Full name Ernest Kiefer
9. Residence (Usual place of abode) Payson Ariz
If nonresident, give place and state
10. Color or race White
11. Age at last birthday 37 (Years)
12. Birthplace (city or place) Payson Ariz
(State or country)
13. Occupation Farmer
Nature of industry

14. MOTHER
Full maiden name Saura Beard
15. Residence (Usual place of abode) Payson Ariz
If nonresident, give place and state
16. Color or race White
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Payson Ariz
(State or country)
19. Occupation H.W.
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (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 3:11 p.m. on the date above stated.
(Born alive or stillborn.)
Signature C. H. Kiefer M.D. (Physician or midwife)
Address Payson Ariz
Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed Oct 31, 1923 Jay J. Vayne Local Registrar.
Filed 11-6, 1923 J. M. Gray County Registrar.

499-926-324

Wrong form returned