

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Claypool
 Town of Miami
 or
 City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 196
 County Registrar No. _____
 Local Registrar No. 29

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Kenneth Homer Standt } If child is not yet named, make
 } supplemental report, as directed.

3. Sex of Child male } To be answered ONLY } 4. Twin, triplet or other _____ } 6. Legitimate? yes
 } in event of plural } } 5. No., in order of birth _____ } 7. Date of birth April 27, 1925
 } births. } } } Month day year

8. FATHER Full name Alfred John Standt 14. MOTHER Full maiden name Ila Brakefield

9. Residence (Usual place of abode) Claypool, Ariz 15. Residence (Usual place of abode) Claypool, Ariz
 If nonresident, give place and state If nonresident, give place and state

10. Color or race White 11. Age at last birthday 27 (Years) 16. Color or race White 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) San Antonio 18. Birthplace (city or place) New Mex. Co
 (State or country) Texas (State or country)

13. Occupation Mill man 19. Occupation Housewife
 Nature of industry Copper mine Nature of industry

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:25 A.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 evidences of life after birth.

Signature J. F. Miller (Physician or midwife)
 Address Miami, Arizona

Given name added from _____
 a supplemental report _____
 Month, day, year. _____ Filed May 3, 1925 _____
 _____ Local Registrar.

Registrar.

Filed _____ 19 _____

County Registrar.

223-427-924

13. B.—In case of more than one child at a birth, SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.