

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 146  
 County Registrar No. 410  
 Local Registrar No. Val St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Betty Jane Kieren  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 { 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 \_\_\_\_\_  
 6. Legitimate? yes  
 7. Date of birth Dec. 11, 1925  
 Month Day Year

8. FATHER  
 Full name Chester George Kieren  
 9. Residence (Usual place of abode) Claypool, Arizona  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name Alice Amelia Wakefield  
 15. Residence (Usual place of abode) Claypool, Arizona  
 If non-resident, give place and state.

10. Color or race Cauc.  
 11. Age at last birthday 37 (Years)

16. Color or race Cauc.  
 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Commonwealth, Wisconsin  
 (State or country)

18. Birthplace (city or place) Bessmer, Michigan  
 (State or country)

13. Occupation  
 Nature of industry Engineer

19. Occupation  
 Nature of industry Housewife

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 5  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

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 at 9:50 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 evidence of life after birth.

Signature Beryl M. Brown M.D.  
 (Physician or midwife)  
 Address Miami, Arizona

Given name added from a supplemental report  
 Month, day, year

Filed Jan 4, 1926 C. E. J. J. J.  
 Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_  
 Registrar County Registrar

225-1211-164