

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 153 V
 Registered No. 67

1. PLACE OF BIRTH

County Gila State _____
 District or Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Alice Gertrude Kiser (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 _____ 6. Legitimate? Yes
 5. No., in order of birth _____ 7. Date of birth Nov 15 1926
 Month Day Year

8. FATHER
 Full name Charles C Kiser

14. MOTHER
 Full maiden name Alice G James

9. Residence
 (Usual place of abode) Hayden
 If non-resident, give place and state.

15. Residence
 (Usual place of abode) Hayden
 If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 58 (Years)

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

12. Birthplace (city or place) Springfield
 (State or country) Illinois

18. Birthplace (city or place) Miami
 (State or country) Oklahoma

13. Occupation Business Manager
 Nature of Industry Amer. Smelting & Ref.

19. Occupation Housewife
 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 _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 6:10 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 Charles Kiser
 (Physician or midwife)

Given name added from a supplemental report _____ Address Hayden, Ariz

Month, day, year _____ Filled Nov 26 1926 Registrar _____

129-1113-117

WALTE PLAINLY WITH UNFAL... 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.