

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 132

Registered No. 39

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. Gila County Hosp St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jo Ellen Kleiner (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 Mar. 3, 1929 Month Day Year

8. FATHER Full name Sex V. Kleiner

14. MOTHER Full maiden name Alice Campbell

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

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

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

12. Birthplace (city or place) Memphis (State or country) Tenn.

18. Birthplace (city or place) California (State or country)

13. Occupation Nature of industry Lehenaist

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 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 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. W. Adams (Physician or midwife.)

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

Address Globe, Ariz.

Filed 4/8, 1929 Lu. E. Wightman Registrar

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