

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.
 *K—THIS IS A PERMANENT RECORD
 *MADE EXACTLY WITH UNFADING INK

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

State File No. 149
 Local Registrar's No. 20

1. PLACE OF BIRTH
 County: Sila State _____
 District or Township _____ or Village _____
 City: Hayden No. _____ St. _____ Ward _____

2. Full name of child: Dee first Kester
(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: Male
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 6 1929
Month Day Year

FATHER
 Full name: William Kester

MOTHER
 Full maiden name: Fally Hall

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 of race: White
 11. Age at last birthday: 28 (Years)

16. Color of race: White
 17. Age at last birthday: 23 (Years)

12. Birthplace (city or place): King Okla.
(State or country)

18. Birthplace (city or place): Ellsboro Tex
(State or country)

13. Occupation: Creamman
Nature of industry
Copper miner

19. Occupation: House wife
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 _____ at _____ on the _____ above stated.

*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 H. Hurd
(Born alive or stillborn)

Given name added from a supplemental report: _____
 Month, day, year: _____
 Address: Hayden Arizona
(Physician or midwife)

Registrar: _____
 Filed: Mar 9 1929 45827
Registrar

429-306-283