ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 178 ✓

Registered No. 554

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. Route 1 - Globe, Ariz. St. ..... Ward

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

2. Full name of child Alice Clark Kitts { 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 Nov. 23 - 1929. Month Day Year

8. FATHER

Full name William Edwin Kitts

9. Residence (Usual place of abode) Central Heights Route 1 - Globe - Ariz.

If non-resident, give place and state.

10. Color or race Cauc.

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Fairview, (State or country) Okla.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Cora Lee Saye

15. Residence (Usual place of abode) Central Heights Route 1 - Globe - Ariz.

If non-resident, give place and state.

16. Color or race Cauc.

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Pensacola (State or country) Florida.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(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 born alive (Born alive or ~~stillborn~~.) at 8 50 A m. on the date 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 Cyril M. Crow M.D.

Physician (Physician or ~~midwife~~).

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

Address Miami, Arizona

Registrar

Filed Dec 9, 1929 C. E. Irvin Registrar

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