

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 1597
Arizona _____

County Maricopa State Arizona
Township _____ or Village _____
City Phoenix No. Pt. 1. Bx 240 St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

1. Full name of child Martin Akren (If child is not yet named, make supplemental report as directed)

2. Sex <u>male</u>	3. M plural births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct 11, 1933</u> (Month, day, year)
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9. Full name FATHER <u>Joseph Akren</u>	18. Full maiden name MOTHER <u>Sophie Karkkainen</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Pt. 1. Bx 240</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Pt. 1. Bx 240</u>
11. Color or race <u>white</u>	20. Color or race <u>white</u>
12. Age at last birthday <u>31</u> (Years)	21. Age at last birthday <u>28</u> (Years)
13. Birthplace (city or place) <u>Osage, Minn.</u> (State or country)	22. Birthplace (city or place) <u>Hancock, Mich.</u> (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plant man</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Hairy</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
16. Date (month and year) last engaged in this work <u>Oct 11, 1933</u>	25. Date (month and year) last engaged in this work <u>Oct 11, 1933</u>
17. Total time (years) spent in this work <u>4 yrs</u>	26. Total time (years) spent in this work <u>6 yrs.</u>

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1230 A.M. on the date above stated (Born alive or stillborn)

(Signed) Chas. H. Dickinson, M. D.

or _____, Midwife

Address 935 E. Pierce St.

Filed 10-19, 1933 O. H. Therry Registrar

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Given name added from a supplemental report _____

415-1011-225 (Date of) _____ Registrar

1. If female name or name taken care should be made for each, and the number of each in series of birth stated.