

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 334
Registered No. 654

County Maricopa State Arizona
Township _____ or Village _____
City Phoenix, No. 1002 East Polk St. St. _____ Ward _____

2. Full name of child Thomas Akren
(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 <u>male</u>	If plural births	4. Twin, triplet, or other	6. Premature Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Apr. 12, 1931</u> (Month, day, year)
		5. Number, in order of birth			

9. Full name <u>FATHER</u>	18. Full maiden name <u>MOTHER</u> <u>Sophia Karkanen</u>
10. Residence (usual place of abode) (If nonresident, give place and State)	19. Residence (usual place of abode) (If nonresident, give place and State) <u>Phoenix</u>
11. Color <u>white</u>	20. Color or race <u>white</u>
12. Age at last birthday <u>29</u> (Years)	21. Age at last birthday <u>25</u> (Years)
13. Birthplace (city or place) (State or country) <u>Minn.</u>	22. Birthplace (city or place) (State or country) <u>Mich.</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer at dairy</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work <u>present</u> 19__	25. Date (month and year) last engaged in this work <u>present</u> 19__
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (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 3:40A 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. (Signed) _____, M.D.

Given name added from a supplemental report (Date of) _____ or _____, Midwife

Address Phoenix, Arizona
Filed 4-30, 1931
Registrar [Signature]

315-412-225