

### GENERAL INFORMATION FOR THE APPLICANT

Answer all questions and fill in all blanks completely and accurately. Failure to properly complete form and failure to enclose proper fee precludes our giving you prompt service. Stamps and personal checks are not accepted. Make out a separate blank for each record desired. Use typewriter, if possible, or print plainly. You should ordinarily receive a reply in less than two weeks. The use of airmail will save several days. If you wish your reply sent by airmail state such in this application and enclose six cents (6¢) in stamps.

### SPECIAL INFORMATION TO PERSONS ASKING FOR SEARCH OF WASHINGTON RECORDS

Records filed with the State Registrar in Washington include only those where birth occurred outside the incorporated cities of Seattle, Spokane, and Tacoma between July 1, 1907, and the present time. If you were born in one of the incorporated cities of Seattle, Spokane, or Tacoma this completed form should be sent to the city health officer of the proper city. If you were born prior to July 1, 1907, in the State of Washington, but outside the cities of Seattle, Spokane, or Tacoma, this completed form should be sent to the auditor of the county in which you were born. If you were born in some other state, write the Health Department of that state for record of birth. The state registrar in Washington does not have records of persons born outside the state.

Washington statutes provide for a fee of fifty cents (\$0.50) for a search of any record regardless of whether the record is located or not. If found, certified copy of the record is issued without payment of additional fee, but if not found the fee will not be returned to applicant. Additional certified copies may be obtained upon payment of statutory fee of fifty cents (\$0.50) each.

### TO APPLICANT

Do Not Fail to Fill Out Completely All Information  
Asked for Below

*cert reg. 1/6/43*

THIS IS THE ADDRESS  
YOUR BIRTH CERTIFICATE  
WILL BE SENT TO



KICHIO A. ARAI

(Name)

Block 8 - 10 - E

(Street address)

HUNT BRANCH, TWIN FALLS, IDAHO

(City and state)

This certificate filed:

(Please check appropriate item)

- By attendant on or near time of birth
- By attendant in recent past?
- By order of a court?
- Do not know.

State here the purpose for which  
certificate is to be used:

*Personal Record*

	Fifty cents		NEW MEXICO: Santa Fe Resident: Fifty cents Nonresident: One dollar		WISCONSIN: Madison Fifty cents
ILLINOIS:	Springfield Fifty cents		NEW YORK: Albany One dollar		WYOMING: Cheyenne One dollar
INDIANA:	Indianapolis None		N. C.: Raleigh Fifty cents		HAWAII: Honolulu One dollar
IOWA:	Des Moines Fifty cents		N. DAK.: Bismarck Fifty cents		PUERTO RICO: San Juan Fifty cents
KANSAS:	Topeka Fifty cents		OHIO: Columbus Fifty cents		VIRGIN IS.: St. Thomas Forty cents
KENTUCKY:	Louisville Fifty cents		OKLAHOMA: Oklahoma City Fifty cents		CANADA: Apply to the Registrar General, at the capital city of the province in which the birth occurred.
LOUISIANA:	New Orleans One dollar				

This blank furnished by

**THE STATE REGISTRAR**  
**WASHINGTON STATE DEPARTMENT OF HEALTH**  
**1412 Smith Tower**  
**SEATTLE, WASHINGTON**

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.  
 S. F. No. 817—1921. Approved as to Form by Dept. of Efficiency. 2250.

MAIL OR DELIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR,  
 NOT TO THE STATE BOARD OF HEALTH.

PLACE OF BIRTH

Washington State Board of Health

County of KITSAP

Record No. ....

City or  
Town of PORT BLAKELEYBureau of Vital Statistics  
CERTIFICATE OF BIRTH

Registered No. ....

Registration Dist. No. .... Place of Birth. ....

FULL NAME OF CHILD KICHIO ARAI { If child is not yet named make supplemental report, as directed.

Sex of Child <u>MALE</u>	Twin Triplet or other? <u>  </u>	} and {	Number in order of birth? <u>  </u>	Legitimate? <u>YES</u>	Date of Birth <u>Aug 30<sup>th</sup></u> , 19 <u>21</u>
			(Month)	(Day)	(Year)

FATHER

Full Name Shimakichi Arai

Residence 117-7<sup>th</sup> Ave. So. Seattle.

Color Japanese Age at last Birthday 32 (Years)

Birthplace (State or Country) Hiroshima, Japan

Occupation   

MOTHER

Full Maiden Name Yone Arai

Residence 117-7<sup>th</sup> Ave. So. Seattle

Color Japanese Age at last Birthday 31 (Years)

Birthplace (State or Country) Japan

Occupation Housewife

Number of child of this mother 3 Number of children, this mother, now living 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, who was { born alive } † and that it occurred on.....  
 { stillborn }

August 30<sup>th</sup>, 1921, at.....M.

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

(Signature) S. Arai

(Physician or Midwife)

Give name added from a supplemental report.....

Address.....

Filed....., 1921

Registrar.

Registrar.

† Indicate which by drawing line through superfluous word.

COPY

COPY

COPY

# WASHINGTON STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

Record No. ....

File No. ....

Registered No. 20

PLACE OF BIRTH

County of Kitsap

City of .....

or

Town of Port Blakely

(No. ...., ..... St.; ..... Ward)

NAME OF CHILD Kichio Arai

{ If child is not yet named, make supplemental report, as directed.

Sex of Child Male

Twin, Triplet or other? xxxx } and { Number in order of birth xxx

Legitimate? Yes

Date of Birth August 30 th 191  
(Month) (Day) (Year)

FATHER  
Full Name Shimakechi Arai

MOTHER  
Full Maiden Name Yone Arai

Residence  
117 - 7th Ave South Seattle

Residence  
117 - 7th Ave South Seattle

Color Japanese Age at last Birthday 32 (Years)

Color Japanese Age at last Birthday 31 (Years)

Birthplace (State or County) Osaka, Japan

Birthplace Osaka, Japan

Occupation  
XXXXX

Occupation  
housewife

Number of child of this mother 3 Number of children, this mother, now living 3

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.\*

I hereby certify that I attended the birth of this child, and that it occurred on August 30th, 191, at ..... M.

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

(Signature) Shimakechi Arai

Given name added from a supplemental

~~Physician or Midwife~~

report .....

Address 117 - 7th Ave South Seattle, Wn.

Filed Feb. 17, 1910 [Signature]

Registrar.

Registrar.

I hereby certify that the above is a true copy of the birth report filed for record by me on Feb. 17, 1910

[Signature]  
REGISTRAR.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.



State of Washington) ss  
County of King )

Kichio Arai, being first duly sworn on oath  
deposes and says: that, I am the person named  
in this birth certificate and that the  
photograph attached hereto is a true likeness  
of myself and further that I have impressed  
my right thumb print on said photograph for  
purposes of identification.

Kichio Arai

Subscribed and sworn to before me this  
17th day of January, 1942

Gen Ishihara

Notary Public in and for the State of  
Washington, residing in \_\_\_\_\_le.

