

ORIGINAL STATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Rice
Town of _____
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142
County Registrar No. _____
Local Registrar No. _____

2. Full name of child George Arthur Kennedy (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 4 9 29 Month day year

8. FATHER
Full name Patrick Kennedy
9. Residence (Usual place of abode) Rice, Ariz
If nonresident, give place and state _____
10. Color or race 1/4 Chippewa Ind
11. Age at last birthday 26 (Years)
12. Birthplace (city or place) Par. Lake
(State or country) Minnesota
13. Occupation Civil Engineer
Nature of industry _____

14. MOTHER
Full maiden name Clara Gouette
15. Residence (Usual place of abode) Rice, Ariz
If nonresident, give place and state _____
16. Color or race _____
17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Mahomet
(State or country) Minnesota
19. Occupation Housewife
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 2 (b) Born alive but now dead 1 (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 at Rice, Ariz. 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. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year. _____
Signature J. H. Davis M.D. (Physician or midwife)
Address Rice, Ariz
Filed _____ 19____
Local Registrar. C. H. Sawyer
County Registrar. _____
Registrar. _____

728-409-375