

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of YumaDistrict of San Carlos

Town of _____

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 184

County Registrar No. _____

Local Registrar No. _____

2. Full name of child. Coaline Kinney
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
{ 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. yes 6. Legitimate? yes 7. Date of birth 4-24-27
Month Day Year8. FATHER
Full name Joseph B. Kinney9. Residence (Usual place of abode) San Carlos, Ariz
If non-resident, give place and state.10. Color or race 1/4 Indian 11. Age at last birthday 35 (Years)12. Birthplace (city or place) San Carlos, Ariz
(State or country)13. Occupation Common Laborer
Nature of Industry14. MOTHER
Full maiden name Alice Gothea15. Residence (Usual place of abode) San Carlos, Ariz
If non-resident, give place and state.16. Color or race 1/4 Indian 17. Age at last birthday 35 (Years)18. Birthplace (city or place) McDowell, Ariz
(State or country)19. Occupation Housewife
Nature of Industry20. 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 4 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. m. 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 evidence of life after birth.

Signature C. H. Sawyer M.D.
(Physician or midwife)Address San Carlos, ArizGiven name added from a supplemental report. _____ Filed _____, 19____
Month, day, year

Registrar

Local Registrar. C. H. Sawyer

County Registrar.

328-424-171

Number of each in

order of birth stated.