

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142
County Registrar No. 173
Local Registrar No. 173

PLACE OF BIRTH Gila
1. County of _____
District of _____
Town of Miami
or _____
City of _____

No. 719 Merritt St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas Eugene Kelley { 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 _____ 6. Legitimate? Yes 7. Date of birth May 5 1927
Month Day Year

8. FATHER Full name Joseph Edward Kelley

14. MOTHER Full maiden name Beatrice Evelyn Hogan

9. Residence (Usual place of abode) Miami, Ariz
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Ariz
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 26 (Years)

16. Color or race White 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Indiana
(State or country)

18. Birthplace (city or place) Indiana
(State or country)

13. Occupation Millman
Nature of industry Copper Mine

19. Occupation Housewife
Nature of industry

20. Number of children of this mother } (a) Born alive and now living 6
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 alive at 7:45 Am. 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 J. J. Miller (Physician or midwife)

Address Miami, Ariz

Given name added from _____ Filed May 11 1927 W. C. Davis
a supplemental report. Month, day, year Local Registrar.

Registrar _____, 19 _____ County Registrar.

328-545-285

WRITE PLAIN—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.

MAINTAIN RESERVED FOR JUNE 1916