

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 200
County Registrar No. _____
Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila
District of Rice
Town of _____
or _____
City of _____ No. _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Kenneth Kinney { 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
5. No., in order of birth _____ 7. Date of birth 5-29-27
Month Day Year

8. FATHER
Full name Daniel Kinney

14. MOTHER
Full maiden name Annie Rusdell

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

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

10. Color or race 1/4 Indian 11. Age at last birthday 35 (Years)

16. Color or race 1/4 Indian 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Rice Ariz
(State or country)

18. Birthplace (city or place) San Carlos Ariz
(State or country)

13. Occupation Common laborer
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother } (a) Born alive and now living 2
(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? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I Report attended the birth of this child, who was born alive at 9 A.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, Ariz

Given name added from a supplemental report. Month, day, year _____ Filed _____ 19____
Local Registrar.

Registrar _____ Filed _____ 19____
County Registrar

228 - 529 - 123

WALLS PLAIN PINK 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.