ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 243

Registered No. 316

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Miami No. Miami Inspiration Hospital St. Ward

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

2. Full name of child: William Kelly Stevens (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: July 31 1927 (Month / Day / Year)

8. FATHER

Full name: Albert Benridge Stevens

9. Residence (Usual place of abode): Miami, Arizona

If non-resident, give place and state.

10. Color or race: White

11. Age at last birthday: 28 (Years)

12. Birthplace (city or place): Columbus

(State or country): Indiana

13. Occupation: Mining engineer

Nature of industry:

14. MOTHER

Full maiden name: Mildred Beatty Kelly

15. Residence (Usual place of abode): Miami, Arizona

If non-resident, give place and state.

16. Color or race: White

17. Age at last birthday: 28 (Years)

18. Birthplace (city or place): Solomville

(State or country): Arizona

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: 2

(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: 0

(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 (Born alive ~~or stillborn~~.) at 9:57 A.m. on the date above stated

*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: F. F. Miller

Miami, Arizona

(Physician or ~~midwife~~).

Given name added from a supplemental report

Month, day, year

Address

Registrar

Filed Aug 2, 1927 C. E. Jones

Registrar

622-731-428