PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152

County Registrar No.

Local Registrar No. 213

No. Gila County Hosp St. Ward

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

2. Full name of child Catherine Aileen Kent } If child is not yet named, make supplemental report, as directed.

3. Sex of Child F.

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 Oct. 19 1927 (Month day year)

8. FATHER

Full name Fred Arthur Kent

9. Residence (Usual place of abode) 3003 Mason Blvd

If nonresident, give place and state Miami

10. Color or race White

11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Stewiacke

(State or country) N.S. Canada

13. Occupation Electrician

Nature of industry

14. MOTHER

Full maiden name Helen Wentwell

15. Residence (Usual place of abode) 3003 Mason Blvd

If nonresident, give place and state Miami

16. Color or race White

17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Troy

(State or country) N.S. Canada

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 1

(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 3:15 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 evidences of life after birth.

Signature C. Gunter (Physician or midwife)

Address Globe, Arizona

Given name added from a supplemental report

Month, day, year.

Filed 10-31, 1927 W. M. Horst Local Registrar.

Registrar.

Filed 19

County Registrar.

323-1019-863