

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 171
 Registered No. 456

1. PLACE OF BIRTH

County _____ State _____
 District or Township _____ or Village _____
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Howard E. Kennedy { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M 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 10 28 27
Month Day Year

8. FATHER
 Full name Cyril Kennedy
 9. Residence (Usual place of abode) Miami
If non-resident, give place and state.

14. MOTHER
 Full maiden name Wally Lucy
 15. Residence (Usual place of abode) Miami
If non-resident, give place and state.

10. Color or race W
 11. Age at last birthday 31 (Years)

16. Color or race W
 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) New York
(State or country)

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

13. Occupation Book Keeper
 Nature of industry _____

19. Occupation H.W.
 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 1
 (b) Born alive but now dead 1
 (c) Stillborn _____

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 9 A. m. on the date above stated
(Born alive or stillborn)

Signature C. F. Perkins
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami Aug 16
 Month, day, year _____
 Filed Oct 5 19 27 B. E. Jones
 Registrar Registrar

828-1028-438