

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

242196

State File No. 62  
 Registered No. 62

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 3048 Altarest Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kathryn Eugenea Kelley  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	} 4. Twin, triplet or other. _____ 5. No., in order of birth _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>January 22 1930</u> Month Day Year
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8. FATHER  
 Full name Joseph Edward Kelley

14. MOTHER  
 Full maiden name Beatrice Evelyn Hogan

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

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

10. Color or race  
White

11. Age at last birthday 29 (Years)

16. Color or race  
White

17. Age at last birthday 21 (Years)

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

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

13. Occupation Ship's Boss  
 Nature of industry Copper mine

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 at 7:05 A.M. on the date above stated.  
(Born alive or stillborn)

Signature J. E. Miller  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_  
 Filed Feb 1, 1930 Registrar C. E. Jones

229-122-242

\* 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.