

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

State File No. 138
 Registered No. 96

1. PLACE OF BIRTH

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

2. Full name of child Johnnie Gail O' Kelley (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 May 3 1930
 Month Day Year

8. FATHER
 Full name Thomas R O' Kelley

14. MOTHER
 Full maiden name Lydia Quacomia

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

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

10. Color or race White 11. Age at last birthday 22 (Years)

16. Color or race White 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Pueblo, Col.
 (State or country)

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

13. Occupation Musician
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 1 (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 White at 12:30 pm. on the date above stated.
(Born alive or stillborn)

Signature Dr. Clarence Gunter
Phys
 (Physician or Midwife)

Given name added from a supplemental report _____ Address Globe, Ariz
 Month, day, year

Filed June 4 1930 E. E. Wightman, Jr. Registrar
 168-503-371

N. B. - III LEGAL BY STATE OF ARIZONA. THESE CERTIFICATES ARE TO BE FILED IN THE ORDER OF BIRTH STATED.