

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 153
Registered No. 226

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 Richard Kens O'Leary } 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 May 7 1930
Month Day Year

8. FATHER
Full name Kens O'Leary

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

10. Color or race white

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation Printer
Nature of Industry Newspaper

14. MOTHER
Full maiden name Marine Martha Laremore

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

16. Color or race white

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Carlsbad New Mexico
(State or country)

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 2 } (a) Born alive and now living 2 }
(Taken as of time of birth of child herein } (b) Born alive but now dead 0 }
certified and including this child.) } (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 9.9 m. on the date above stated.
(Born alive or stillborn)

Signature Jr. J. Muller
(Physician or midwife.)

Given name added from _____ Address Miami, Arizona
Month, day, year _____

Filed May 15 1930 Registrar Le. E. Jones

968-597-435

each in order of birth stated.