

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

State File No. _____
Registered No. 142

1. PLACE OF BIRTH

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

2. Full name of child Ornelien Gene Kempton (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 July 18, 1930
Month _____ Day _____ Year _____

8. FATHER
Full name Orrel Kempton

14. MOTHER
Full maiden name Maxine Gene Bowen

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

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If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 21 (Years)

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

12. Birthplace (city or place) Eden Ariz.
(State or country)

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

13. Occupation Mechanic
Nature of industry

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 1
(b) Born alive but now dead 1
(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 born alive at 1:40 P.M. on the date above stated.
(Born alive or stillborn)

* 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.

Signature I. S. Harper
Physician
(Physician or Midwife)

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

Address Globe Ariz.
Filed 8/9 1930 Chas. Wightman
Registrar

Registrar

625-718-420

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—A SEPARATE RETURN must be made for each, and the number of each in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.