

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

State File No. 130
659
Registered No. 659

1. PLACE OF BIRTH

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

2. Full name of child

Mary Ellen Kennedy { 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

Dec 5 - 1930
Month Day Year

8. FATHER

Full name Cyril Kennedy

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

10. Color or race Wh **11. Age at last birthday (Years)** _____

12. Birthplace (city or place) Las Cruces
(State or country) New Mexico

13. Occupation Book Keeper
Nature of industry

14. MOTHER

Full maiden name Abby Lacy

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

16. Color or race Wh **17. Age at last birthday (Years)** 26

18. Birthplace (city or place) Alton
(State or country) Fla

19. Occupation NW
Nature of industry

20. Number of children of this mother 3
(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 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 2:30 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 Charles E. Jones

Address Miami (Physician or midwife)

Given name added from supplemental report _____
Month, day, year 428-1205-438
Registrar

Filed Dec 15 1930 Registrar