

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

State File No. 12
 Registered No. _____

PLACE OF BIRTH

County Apache State Arizona
 District or Township MoNary or Village _____

City _____ No. MoNary Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Robert Leo Kenefick

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 3/29/31
 Month Day Year

8. FATHER
 Full name Leo Richard Kenefick
 9. Residence (Usual place of abode) MoNary Ariz
(If non-resident, give place and state.)
 10. Color or race W.
 11. Age at last birthday 32 (Years)
 12. Birthplace (city or place) Belmon Iowa
(State or country)
 13. Occupation Lumber Grader
 Nature of Industry _____

14. MOTHER
 Full maiden name Kathryn Buchanan
 15. Residence (Usual place of abode) MoNary Ariz
(If non-resident, give place and state.)
 16. Color or race W
 17. Age at last birthday 30 (Years)
 18. Birthplace (city or place) Carrollton Ill.
(State or country)
 19. Occupation House-Wife
 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 _____
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? Yes

I hereby certify that I attended the birth of this child, who was Alive at 3 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 W. S. Sharp M.D.
(Physician or midwife.)

Given name added from a supplemental report _____
 Address G. A. McMay
 Month, day, year _____
 Registrar _____

Filed **APR 9 1931**

922-329-225