ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 108

Registered No. 352

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 Elizabeth Colleen 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 Nov 14 1931 (Month Day Year)

8. FATHER

Full name Joseph Edward Kelley

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 31 (Years)

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

13. Occupation Miner

Nature of industry Copper

14. MOTHER

Full maiden name Beatrice Evelyn Hogan

15. Residence (Usual place of abode) Miami Arizona

If non-resident, give place and state.

16. Color or race White | 17. Age at last birthday 25 (Years)

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

19. Occupation Housewife

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 alive (Born alive or ~~stillborn~~) at 8:40 A.m. on the date above stated.

* 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 F. F. Miller

MD F. F. MILLER, M. D.

MIAMI, ARIZONA (Physician or ~~midwife~~)

Address Miami, Arizona

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

528-1114-285 Registrar

Filed Dec 2, 1931 Charles E. Irwin Registrar

N. B.—In case of more than one child at a birth, a separate [illegible] order of birth stated.