

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

State File No. 1106  
 Registered No. 14

**1. PLACE OF BIRTH**

County Pima State Arizona  
 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 Thomas Leonard Kind 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 Jan 22 1932  
Month Day Year

**8. FATHER**  
 Full name Leonard P. Kind

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

10. Color or race White  
 11. Age at last birthday 24 (Years)

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

13. Occupation Truck driver  
 Nature of industry

**14. MOTHER**  
 Full maiden name Blanch Jusiles

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

16. Color or race White  
 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Arizona  
 (State or country)

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 1  
(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 0  
 (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 6:00 a.m. on the date above stated.  
(Born alive or stillborn.)

Signature A. D. Kennedy  
(Physician or Midwife)

\* 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.  
 Given name added from supplemental report 384-122-282  
Month, day, year  
 Address \_\_\_\_\_  
 Filed 3/4 1932 L. E. Washburn Registrar