ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 156

Registered No.

1. PLACE OF BIRTH

County Gila State

District or Township Miami or Village 6 E Davis Canon

City No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Charlotte Marie Kidney (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 May 21 1933 (Month Day Year)

8. FATHER

Full name Dorsey Kidney

9. Residence (Usual place of abode) Miami

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 27 (Years)

12. Birthplace (city or county) Okla (State or country)

13. Occupation Nature of industry Unemployed

14. MOTHER

Full maiden name Pearl Holm

15. Residence (Usual place of abode) Miami

If non-resident, give place and state.

16. Color or race White | 17. Age at last birthday 22 (Years)

18. Birthplace (city or county) Miami (State or country)

19. Occupation Nature of industry Housewife

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 0

(c) Stillborn

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 ~~or stillborn~~) at 4:30 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 Nelson D Bryton

Miami Ay (Physician or midwife)

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

Address

Registrar

Filed 6/5 1933 C. F. Pugh Registrar

328-521-784

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.