MARGIN RESERVED FOR BINDING

WRITE 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 9A

Registered No. 64

1. PLACE OF BIRTH

County: Gila State: Ariz

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: Robert Meyer Kennedy (If child is not yet named, make supplemental report, if 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: July 7 1933 (Month, Day, Year)

FATHER

8. Full name: William Robert Kennedy

9. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz

10. Color or race: White

11. Age at last birthday: 36 (Years)

12. Birthplace (city or place): Salida

(State or country): Colorado

13. Occupation: Bookkeeper

Nature of Industry:

MOTHER

14. Full maiden name: Gladys Meyer

15. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz

16. Color or race: White

17. Age at last birthday: 34 (Years)

18. Birthplace (city or place): Bellwood

(State or country): Nebraska

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 born alive at 6:15 P.M. on the date above stated.

(Born alive or stillborn)

Signature: T. C. Halper

Physician

(Physician or midwife)

Address: Globe, Ariz.

* 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 a supplemental report: (Month, day, year)

Registrar

Filed 9/6 1933 G. E. Wyffman Jr. Registrar

928-707 <7/7