ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 110

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona.

Township or Village P.O. Box 280, Miami,

City Miami No. Gordon St. Lower Miami. St. Ward

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

2. Full name of child William Donall Kendrick — If child is not yet named, make supplemental report, as directed

3. Sex Male — If plural births: 4. Twin, triplet, or other ___ 5. Number, in order of birth ___ — 6. Premature ___ Full term ___ — 7. Legitimate? Yes — 8. Date of birth Dec. 13, 1933. (Month, day, year)

FATHER

9. Full name William B. Kendrick

10. Residence (usual place of abode) Miami, Arizona. (If nonresident, give place and State)

11. Color or race Cauc — 12. Age at last birthday 25 (Years)

13. Birthplace (city or place) Brady, (State or country) Texas.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ___, 19__ — 17. Total time (years) spent in this work ___

MOTHER

18. Full maiden name Belva Lorien Nichols

19. Residence (usual place of abode) Miami, Arizona. (If nonresident, give place and State)

20. Color or race Cauc — 21. Age at last birthday 19 (Years)

22. Birthplace (city or place) Shawnee, (State or country) Okla.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ___, 19__ — 26. Total time (years) spent in this work ___

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ___ (months or weeks) — 29. Cause of stillbirth ___ Before labor ___ During labor ___

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Cyril M. Crow, M. D.

or ___ Midwife

Address Miami, Arizona.

Given name added from a supplemental report ___ (Date of)

Filed Jan. 1, 1934. C. M. Crow Registrar.

Registrar.

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.

622-1213-252