

982

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

150 State Index No. 805

District of Michigan & Hayden

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 207

Town of Hayden

Local Registrar's No. 1

City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Joseph Chester Kennedy } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male { Twin, Triplet or other } and { Number in order of birth } Legiti-mate? yes Date of Birth Aug 8, 1917  
(Month) (Day) (Yr.)

FATHER  
Full Name Joseph Thomas Kennedy  
Residence Hayden, Arizona  
Color or Race White Age at last Birthday 20 (Years)  
Birthplace Texas  
Occupation Bookkeeper

MOTHER  
Full Maiden Name Ola Cunningham  
Residence Hayden, Arizona  
Color or Race White Age at last Birthday 20 (Years)  
Birthplace Texas  
Occupation Housewife

Number of child of this mother... 1 Number of children, of this mother, now living... 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 8, 1917, at 2:15 A.M.  
{ \*When there is no attending physi- }  
{ cian or midwife, then the householder }  
{ should make this return. }

(Signature) C. Swackhamer M.D.  
(Attending physician, midwife, householder. \*)

Address Hayden, Ariz.

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Filed Aug 31 1917

H. Roberts  
LOCAL REGISTRAR.

128-808-634  
COUNTY REGISTRAR.

Filed Sept 7 1917

A True Copy B. S. Fox  
COUNTY REGISTRAR.