

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. **140**
 Co. Register No. **33**
 Local Registrar's No. _____

PLACE OF BIRTH
 County of Gila
 District of Globe
 Town of _____
 or _____
 City of Globe (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Evoy Kuykendall } Born } YES
 if child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child	Female	Twin, Triplet or other		and	Number in order of birth	Legitimate?	Date of Birth	March 12 1918	
						yes	(Month) (Day) (Yr.)		
FATHER					MOTHER				
Full Name	<u>Dolph Kuykendall</u>				Full Maiden Name	<u>Maudie Wills</u>			
Residence	<u>Globe, Ariz.</u>				Residence	<u>Globe, Ariz.</u>			
Color or Race	<u>White</u>	Age at last Birthday	<u>36</u>		Color or Race	<u>White</u>	Age at last Birthday	<u>28</u>	
		(Years)					(Years)		
Birthplace	<u>San Antonio, Texas</u>				Birthplace	<u>Tularosa, New Mex.</u>			
Occupation	<u>Miner</u>				Occupation	<u>Housewife</u>			
Number of child of this mother... <u>4</u>			Number of children, of this mother, now living... <u>4</u>			Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of above child; and that it occurred on Mar 12 1918, at 6:35 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Alvin Burnse M.D.
 (Attending physician, midwife, householder*)

Address Globe, Ariz.

Given or christian name added from a supplemental report _____ 191_____

923-312-462 COUNTY REGISTRAR.

Filed Mar 15 1918

Filed Apr 5 1918 A True Copy

B. E. Fox LOCAL REGISTRAR.
B. E. Fox COUNTY REGISTRAR.