

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Inspiration
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 143
 Co. Register No. 729
 Local Registrar's No. _____
 (No. _____ St. _____ Ward)

FULL NAME OF CHILD _____ { Born } ~~NO~~
 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 2nd Legitimate? yes Date of Birth Dec 27 1919
 (Month) (Day) (Yr.)

FATHER
 Full Name Phillip Kemp
 Residence Inspiration
 Color or Race White Age at last Birthday 29 (Years)
 Birthplace Tex
 Occupation miner

MOTHER
 Full Maiden Name Rosena Morris
 Residence Inspiration
 Color or Race White Age at last Birthday 19 (Years)
 Birthplace Okla
 Occupation Housewife

Number of child of this mother 2 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? #

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 12/27 1919, at 4:30 A.M.

{ *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) Geo. W. Paige
 (Attending physician, midwife, householder*)

Given or Christian name added from a supplemental report _____ 1919
 Address Inspiration
 LOCAL REGISTRAR.

027-1227-942 Filed Jan 2 1920 A True Copy
 COUNTY REGISTRAR. COUNTY REGISTRAR.