

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
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168
County Registrar No. 349
Local Registrar No. _____

PLACE OF BIRTH
1. County of Yuma
District of San Carlos
Town of _____
or
City of _____

2. Full name of child Kaleen M. Melosh
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth 5 25 1923
Month Day Year

8. FATHER
Full name Madison M. Melosh
9. Residence (Usual place of abode) San Carlos
If nonresident, give place and state Ariz
10. Color or race Indian
11. Age at last birthday 23 (Years)
12. Birthplace (city or place) Arizona
(State or country)
13. Occupation Common Labor
Nature of industry

14. MOTHER
Full maiden name Grace Kola
15. Residence (Usual place of abode) San Carlos
If nonresident, give place and state Ariz
16. Color or race Indian
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) Arizona
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that ~~attended~~ the birth of this child, who was born alive at 11 P m. on the date above stated.
(Born alive or stillborn.)
Signature [Signature]
Address San Carlos Ariz
(Physician or midwife)

*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 6-4-1923 [Signature]
Filed 6-5-1923 [Signature]
Local Registrar. _____
County Registrar. _____

848-525-751