

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

PLACE OF BIRTH
 1. County of Yuma
 District of _____
 Town of Yuma
 or _____
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 141
 County Registrar No. 608
 Local Registrar No. _____

2. Full name of child Maralee Kemp { 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 7. Date of birth Sept 18-1923
 5. No., in order of birth. _____ Month Day Year

8. FATHER
 Full name Thomas Byron Kemp
 9. Residence (Usual place of abode) Yuma
 If nonresident, give place and state _____
 10. Color or race White
 11. Age at last birthday 25 (Years)
 12. Birthplace (city or place) Texas
 (State or country)
 13. Occupation Mill Man
 Nature of industry _____

14. MOTHER
 Full maiden name Ardis Fannie McFarland
 15. Residence (Usual place of abode) Yuma
 If nonresident, give place and state _____
 16. Color or race White
 17. Age at last birthday 22 (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 1
 (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? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was Born alive at 5:00 m. on the date above stated.
 (Born alive or stillborn.)
 Signature E. J. J. J. (Physician or midwife)
 Address Yuma, Arizona
 Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed 9-20-23 B. G. J. J. Local Registrar.
 Filed 10-3-23 B. G. J. J. County Registrar.

427-918-144