

RESERVE FOR BINDING
 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.

PLACE OF BIRTH NAME ADDED BY SUPPLEMENT
ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Lila State Index No. 136
 District of _____ County Registrar No. 415
 Town of Hayden or _____ Local Registrar No. 204
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Herberta Ullab Kennedy 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 _____ 5. No., in order of birth _____ 6. Legitimate? No 7. Date of birth May 14 1924
 Month day year

FATHER		MOTHER	
8. Full name <u>Herbert Kennedy</u>		14. Full maiden name <u>Francis Sarah Scott</u>	
9. Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state	
10. Color or race <u>Black</u>	11. Age at last birthday <u>20</u> (Years)	16. Color or race <u>Black</u>	17. Age at last birthday <u>17</u> (Years)
12. Birthplace (city or place) <u>Indianapolis</u> (State or country) <u>Indiana</u>		18. Birthplace (city or place) <u>Greensburg</u> (State or country) <u>Indiana</u>	
13. Occupation <u>Barber</u> Nature of industry		19. Occupation <u>Child</u> Nature of industry	

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead _____
 (c) Stillborn _____

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 3:30 p.m. on the date above stated.
 (Born alive or stillborn.)

*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 evidences of life after birth.

Signature J. R. Winslow
 Address Hayden, Ariz.
 Month, day, year _____ Filed May 31 1924
 Registrar. _____ Local Registrar. _____
 County Registrar. _____

828-514-623