

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.

PRESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFAADING INK—THIS IS A PERMANENT RECORD

| PLACE OF BIRTH   |  | ARIZONA STATE BOARD OF HEALTH   |  |
|--|--|---|--|
| 1. County of <u>Sala</u>   |  | BUREAU OF VITAL STATISTICS  |  |
| District of _____  |  | ORIGINAL CERTIFICATE OF BIRTH   |  |
| Town of <u>Miami</u>   |  | State Index No. <u>156</u>  | County Registrar No. <u>419</u>            |
| or _____   |  | Local Registrar No. _____   | _____                                      |
| City of _____  |  | St. _____ Ward _____  |  |
| (If birth occurred in a hospital or institution, give its NAME instead of street and number)   |  |   |  |
| 2. Full name of child <u>Sadie Kendalay</u>  |  | If child is not yet named, make supplemental report, as directed.                           |  |
| 3. Sex of Child <u>Female</u>  | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _____   | 5. Legitimate? <u>Yes</u>                  |
| 6. No., in order of birth _____  |  | 7. Date of birth <u>May 24 '24</u>  |  |
| 8. FATHER  |  | 14. MOTHER  |  |
| Full name <u>Victor Kendalay</u>   |  | Full maiden name <u>Abbie Antonio</u>   |  |
| 9. Residence (Usual place of abode) <u>Miami Arizona</u>   |  | 15. Residence (Usual place of abode) <u>Miami Arizona</u>                                   |  |
| If nonresident, give place and state _____   |  | If nonresident, give place and state _____  |  |
| 10. Color or race <u>Indian</u>  | 11. Age at last birthday <u>43</u> (Years)     | 16. Color or race <u>Indian</u>   | 17. Age at last birthday <u>34</u> (Years) |
| 12. Birthplace (city or place) <u>San Carlos Arizona</u>   |  | 18. Birthplace (city or place) <u>Pice Arizona</u>  |  |
| (State or country) _____   |  | (State or country) _____  |  |
| 13. Occupation <u>Plasterer</u>  |  | 19. Occupation <u>Homemaker</u>   |  |
| Nature of industry _____   |  | Nature of industry _____  |  |
| 20. Number of children of this mother  |  | 21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>                        |  |
| (Taken as of time of birth of child herein certified and including this child.)  |  | (a) Born alive and now living <u>4</u>  |  |
|  |  | (b) Born alive but now dead <u>2</u>  |  |
|  |  | (c) Stillborn <u>0</u>  |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  |  |   |  |
| I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>11-6</u> on the date above stated.   |  |   |  |
| *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. Given name added from a supplemental report. |  | Signature <u>Charles E. Davis</u><br>Address <u>Miami Arizona</u><br>(Physician or midwife) |  |
| Month, day, year. _____  |  | Filed <u>May 30</u> , 19 <u>24</u> <u>C. E. Davis</u><br>Local Registrar.                   |  |
| Registrar. _____   |  | Filed <u>6-6</u> , 19 <u>24</u> <u>B. S. G. a</u><br>County Registrar.                      |  |

228-524-116