

1111

WRITE PLAINLY WITH U.S. FADING INK—THIS IS 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

1. County of Globe District of Globe Town of Globe or Globe City of Globe No. 140 Kinney Park State Index No. 184 County Registrar No. 909 Local Registrar No. 8 Ward _____

2. Full name of child Flora Le Kuckey (If birth occurred in a hospital or institution, give its NAME instead of street and number) 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? Yes 7. Date of birth Nov 21 1924 Month Day Year

8. FATHER Full name William Stanley Kuckey 14. MOTHER Full maiden name Josie Maxie McEwen

9. Residence 140 Kinney Park Globe Ariz (Usual place of abode) If nonresident, give place and state 15. Residence 140 Kinney Park Globe (Usual place of abode) If nonresident, give place and state

10. Color or race white 11. Age at last birthday 21 (Years) 16. Color or race white 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Devonshire (State or country) England. 18. Birthplace (city or place) Safford, Ariz (State or country)

13. Occupation mail clerk Nature of industry F.B.R.R. 19. Occupation Housewife 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 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 or stillborn.) at 20 m. 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 evidence of life after birth.

Signature Chambers (Physician or midwife)
Address Globe, Ariz

Given name added from a supplemental report _____ Month, day, year. Filed 11-25 1924 B. G. Fox Local Registrar.
Filed DEC 5 1924 B. G. Fox County Registrar.

629-1121-145