

WRITE IN INK ONLY 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

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Globe
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 219
 County Registrar No. _____
 Local Registrar No. 201

2. Full name of child Francis Gordon Kelly } If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other no 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth July 31, 1924
 Month July day 31 year 1924

8. FATHER
 Full name Francis Patrick Kelly

14. MOTHER
 Full maiden name Arlian Graham

9. Residence (Usual place of abode) Globe, Ariz.
 If nonresident, give place and state _____

15. Residence (Usual place of abode) Globe, Ariz.
 If nonresident, give place and state _____

10. Color or race white 11. Age at last birthday 23 (Years)

16. Color or race white 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Big Springs Colorado
 (State or country)

18. Birthplace (city or place) Denver Colorado
 (State or country)

13. Occupation
 Nature of industry Electrician

19. Occupation
 Nature of industry Housewife

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 one
 (b) Born alive but now dead none
 (c) Stillborn none

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 12:02 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 T. C. Harper, M.D. (Physician ~~certified~~)
 Address Globe, Ariz.

Given name added from a supplemental report _____
 Month, day, year. _____
628-731-174 Registrar. Filed 7/30, 1925. W. J. Wood Local Registrar.
 County Registrar.