

the number of each.

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. 189

County Registrar No. _____

Local Registrar No. 217

St. _____ Ward _____

(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.

2. Full name of child Tom Lee Kemp

3. Sex of Child

To be answered ONLY in event of plural births.

male

4. Twin, triplet or other.

6. Legitimate?

7. Date of birth Aug. 24, 1925
Month day year

5. No., in order of birth. 1

5. FATHER

Full name Philip Hayes Kemp

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

10. Color or race white

11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Paint Rock, Texas
(State or country)

13. Occupation
Nature of industry miner

14. MOTHER

Full maiden name Rosena Morris

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

16. Color or race white

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Mangum, Okla.
(State or country)

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 four

(b) Born alive but now dead one

(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 8:30 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 T. C. Harper, M.D.
Address Globe, Ariz.
(Physician or midwife)

Given name added from a supplemental report _____ Filed 8/31, 1925 W. W. Hawk Local Registrar.

Month, day, year. _____ Filed _____ 19____ County Registrar.

Registrar.

327-824-942

the number of each.

INT

N. H.