

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 121  
 Registered No. 274

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. Hill St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Charles Elmer Kemp (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 Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Sept-14-1925  
 Month Day Year

**8. FATHER**  
 Full name John Stevens Kemp  
 9. Residence (Usual place of abode) Miami, Ariz.  
 If non-resident, give place and state.

**14. MOTHER**  
 Full maiden name Annie Duncan  
 15. Residence (Usual place of abode) Miami, Arizona.  
 If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 49 (Years)

16. Color or race Cauc. 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Coleman County Texas  
 (State or country)

18. Birthplace (city or place) Midland, Texas  
 (State or country)

13. Occupation  
 Nature of Industry Janitor

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 4  
 (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 at 9:10 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 evidence of life after birth.

Signature Leyril M. Crow M.D.  
 \_\_\_\_\_  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year 327-914-145  
 Registrar

Address Miami, Arizona  
 Filed Oct 1, 1925 C. E. Dink  
 Registrar

MAKE IN 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.