

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 181

Registered No. 48

1. PLACE OF BIRTH

County Graham State Arizona

District or Township Pima or Village St. Thomas

City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kenneth W. Gilliland { If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of Birth
<u>male</u>		<u>2</u>	<u>yes</u>	<u>Sept. 18th 1925</u>
		5. No., in order of birth		Month Day Year
		<u>2</u>		

8. FATHER
Full name W. Raymond Gilliland

14. MOTHER
Full maiden name Una V. Kaupton

9. Residence (Usual place of abode) Morenci, Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Morenci, Arizona
 If non-resident, give place and state.

10. Color or race white

16. Color or race white

11. Age at last birthday 27 (Years)

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Hopkinsville, Kentucky
(State or country)

18. Birthplace (city or place) Edson, Arizona
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)

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 alive at 3:30 A 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 R. G. Dryden M.D.
(Physician or midwife)

Given name added from a supplemental report

Address Pima, Arizona

274-918-425
Month, day, year

Filed Oct 6th 1925 Mrs. P. G. Dryden
Registrar

274-918-425
Registrar

PRESERVED FOR BINDING. PERMANENT RECORD. WHILE FATHERS WITH FADING INK. THIS IS A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED. 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.