

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Pima
District of _____
Town of Hayden
or Px 934
City of _____

State Index No. 188
County Registrar No. _____
Local Registrar No. 3

2. Full name of child Dona Mae Kelly
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child Female 4. Twin, triplet or other _____ 6. Legitimate? 7. Date of birth Jan 23 1926
Month day year

8. To be answered ONLY in event of plural births. 5. No., in order of birth 1st

9. FATHER
Full name Donald P. Kelly
Residence (Usual place of abode) Hayden
If nonresident, give place and state _____

14. MOTHER
Full (maiden) name Mary Susan Drummond
Residence (Usual place of abode) Hayden
If nonresident, give place and state _____

10. Color or race White
11. Age at last birthday 38 (Years)

16. Color or race White
17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Uniontown
(State or country) Illinois
13. Occupation Scrapper
Nature of industry Mill

18. Birthplace (city or place) Uniontown
(State or county) Illinois
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 8
(b) Born alive but now dead 0
(c) Stillborn _____

21. Were precautions taken against ophthalmic/neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:50 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.
Given name added from supplemental report _____

Signature Charles H. Hucks, M.D.
(Physician or midwife)
Address Hayden, Arizona

Filed Jan 27, 1926 125797
Local Registrar.

Registrar.

County Registrar.

424 - 123 - 444