ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 132

Registered No. 574

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. Miami-Inspr. Hospital Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Warren Francis Kenton { 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 ..... 5. No., in order of birth ..... | 6. Legitimate? yes | 7. Date of birth Mch. 5, 1926. (Month Day Year)

FATHER

8. Full name Charles Thompson Kenton

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Caus. | 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Nashville, (State or country) Tenn.

13. Occupation Salesman

Nature of Industry

MOTHER

14. Full maiden name Velma E. Miller

15 Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona.

16 Color or race Caus. | 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Atkinson, (State or country) Kansas.

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 1 (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 (Born alive or stillborn) at 7:45 P.m. on the date above stated

*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 Cyril M. Crow M.D. Physician (Physician or ~~midwife~~)

Given name added from a supplemental report ..... Month, day, year

Address Miami, Arizona.

..... Registrar

Filed Apr 7, 1926 C. E. Jones Registrar

625-355-549

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.