

one for each, and the number of each in

KN
date

V

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Graham
District of Pima
Town of Eden
-or-
City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 191
County Registrar No. _____
Local Registrar No. 30

2. Full name of child Alice Kempton { If child is not yet named, make supplemental report, as directed.
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No. in order of birth 2nd 6. Legitimate? yes 7. Date of birth May 8 1926
Month Day Year

8. FATHER
Full name Salvin Ira Kempton
9. Residence (Usual place of abode) Eden
If non-resident, give place and state.

14. MOTHER
Full maiden name Alice M Palmer
15. Residence (Usual place of abode) Eden
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 33 (Years)

16. Color or race White
17. Age at last birthday 31 (Years)

Birthplace (city or place) Eden
(State or country) Graham

18. Birthplace (city or place) Eden
(State or country) Graham

13. Occupation
Nature of industry Farmer

19. Occupation
Nature of industry Housewife

20. Number of children of this mother } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (c) Stillborn 1

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 Alice at 7 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 P. E. Dwyer M.D. (Physician or midwife).
Address Pima, Arizona.

Given name added from a supplemental report _____
Month, day, year _____
Filed June 9th 1926 Mr. R. E. Dwyer Local Registrar.
Deputy

Filed _____, 19____
Registrar _____ County Registrar.

125-506-179