

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

State File No. 147^aV
 Registered No. 44

PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Miami Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

1. Full name of child Kenneth Eugene Tashley { If child is not yet named, make supplemental report, as directed.

2. 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 Jan - 25 - 1928
 Month Day Year

FATHER		MOTHER	
11. Full name <u>Harkness L. D. Tashley</u>	14. Full maiden name <u>Viola Knox</u>	15. Residence (Usual place of abode) <u>Miami, Arizona</u>	17. Age at last birthday <u>20</u> (Years)
12. Residence (Usual place of abode) <u>Miami, Arizona</u>	16. Color or race <u>Cauc.</u>	18. Birthplace (city or place) (State or country) <u>Cananea, Son. Mex.</u>	19. Occupation <u>Housewife</u>
13. Occupation <u>Millman</u>	17. Age at last birthday <u>25</u> (Years)	20. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
14. Nature of industry <u>Mining</u>	18. Birthplace (city or place) (State or country) <u>Atchison, Kansas</u>		
15. Number of children of this mother _____	19. Occupation <u>Housewife</u>		
16. Taken as of time of birth of child herein certified and including this child. (a) Born alive and now living <u>2</u>	20. Nature of industry _____		
(b) Born alive but now dead _____			
(c) Stillborn _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:50 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 Byril M. Cron M.D.

 (Physician or midwife)

Address Miami, Arizona

Month, day, year 238-125-527
 Registrar Feb 15 1928 G. E. J. J.
 Registrar