

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Globe
 Town of Globe
 or
 City of Globe

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 191
 County Registrar No. _____
 Local Registrar No. 35

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

2. Full name of child Georganna Kennedy { 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. _____ 6. Legitimate? yes 7. Date of birth 2-24-28
 Month Day Year

5. No., in order of birth. _____

8. FATHER Full name Edward Kennedy

14. MOTHER Full maiden name Anna Margaret Magruder

9. Residence (Usual place of abode) Globe Ariz 15. Residence (Usual place of abode) Globe Ariz
 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 27 (Years)

12. Birthplace (city or place) Alexandria, Louisiana 18. Birthplace (city or place) Carthage, Mo.
 (State or country)

13. Occupation Electrician 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 2 (a) Born alive and now living 2
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
 (c) Stillborn 0 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 alive at 12:30 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 C. Adams (Physician or midwife)
 Address Box 636, Globe, Ariz

Given name added from a supplemental report. Filed 3/10, 1928 S. E. Wightman Local Registrar.
 Month, day, year

Registrar Filed _____, 19____ County Registrar.

728-224-149

order of birth stated.

of more.

N. B.—In cases