

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. 116
 County Registrar No. _____
 Local Registrar No. 63

2. Full name of child Kenneth Davidson Lockwood
 No. Gila County Hospital St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { 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 4-4-28
 Month Day Year

8. FATHER
 Full name Kenneth Davidson Lockwood

9. Residence (Usual place of abode)
 If non-resident, give place and state. Globe, Ariz

10. Color or race White
 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Jacksonville Indiana
 (State or country)

13. Occupation
 Nature of industry Salesman

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 0
 (c) Stillborn 0

14. MOTHER
 Full maiden name Helen Josephine Hummer

15. Residence (Usual place of abode)
 If non-resident, give place and state. Globe, Ariz

16. Color or race White
 17. Age at last birthday 27 (Years)

18. Birthplace (city or place)
 (State or country) Elk River, Minnesota

19. Occupation
 Nature of industry Housewife

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 12:00 n 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. W. Adams
 (Physician or midwife)

Address Box 636, Globe, Ariz

Given name added from a supplemental report _____ Filed 5/10, 1928 G. E. W. Johnston
 Month, day, year Local Registrar.

Registrar

Filed _____, 19____ Local Registrar.

County Registrar.

234-404-877