

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

State File No. 123  
Registered No. 4

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township Hospital Hill or Village \_\_\_\_\_  
City Miami No. Miami Inspiration Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kelen Marie Buckley { 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. No 5. No., in order of birth 2nd 6. Legitimate? yes 7. Date of birth Jan 6 1929  
Month Day Year

**8. FATHER**  
Full name John Earl Buckley

**14. MOTHER**  
Full maiden name Jones Josephine Rodmelich

9. Residence (Usual place of abode) (Lower) Miami  
If non-resident, give place and state. Arizona

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If non-resident, give place and state. Arizona

10. Color or race white 11. Age at last birthday 32 (Years)

15. Color or race white 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Butte  
(State or country) Montana

18. Birthplace (city or place) Butte  
(State or country) Montana

13. Occupation Bookkeeper  
Nature of industry Copper mine

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 7 } (a) Born alive and now living 4  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 3  
(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 alive at 10 A. m. on the date above stated.  
(Born alive or stillborn)

Signature J. J. Miller  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filed Jan 11 29 H. E. Jones  
Registrar. Registrar.

order of birth stated.