

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

State File No. 155
 Local Registrar's No. 95

1. PLACE OF BIRTH
 County Gila State _____
 District or Township _____ or Village _____
 City Apache No. _____ St. _____ Ward _____

2. Full name of child Ernestine Kelley
 (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 Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. None Legitimate? Yes
 5. No., in order of birth. 1st 7. Date of birth Jan 18 1929
 Month Day Year

8. FATHER
 Full name David P. Kelley
 9. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 40 (Years)
 12. Birthplace (city or place) Litchfield
 (State or country) Gil
 13. Occupation Laborer
 Nature of industry

14. MOTHER
 Full maiden name Mary Drummond
 15. Residence (Usual place of abode) Apache
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 38 (Years)
 18. Birthplace (city or place) Manchester
 (State or country) N.H.
 19. Occupation House wife
 Nature of industry

20. Number of children of this mother. (a) Born alive and now living 10
 (b) Born alive but now dead 0
 (c) Stillborn 0
 (Taken as of time of birth of child herein certified and including this child.)
 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 or stillborn.) at _____ a.m. on the date above stated.

*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 Charles H. Sturtevant

Given name added from a supplemental report. Address Hayden Arizona

Month, day, year 528-118-444 Filed Jan 19 1929
 Registrar _____ Registrar _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.