

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 166
Registered No. 30

1. PLACE OF BIRTH

County Globe State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child Isloria Mae Kendall (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 _____ 6. Legitimate? Yes
5. No., in order of birth _____ 7. Date of birth 2-18-1929
Month Day Year

8. FATHER
Full name George Richard Kendall

14. MOTHER
Full maiden name Julia Romero

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

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

10. Color or race White
11. Age at last birthday 25 (Years)

16. Color or race Mexican
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Globe, Ariz.
(State or country)

18. Birthplace (city or place) Mexico
(State or country)

13. Occupation clerk
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(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 5:30 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 T. E. Harper
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Filled 3/8, 1929 L. E. W. G. H. D. S.
Registrar Registrar

723-218-196