

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

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

State File No. 446  
Registered No. 80

1. PLACE OF BIRTH  
County Esola State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. Gila County Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Elizabeth Kempson { 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 \_\_\_\_\_ 5. Legitimate? Yes 5. No., in order of birth \_\_\_\_\_ 7. Date of birth 5-7-29  
Month Day Year

8. FATHER  
Full name James Michael Kempson

14. MOTHER  
Full maiden name Elizabeth Mcnelly

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

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

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

16. Color or race White 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Signer Street South Carolina  
(State or country)

18. Birthplace (city or place) Brookville Ohio  
(State or country)

13. Occupation  
Nature of industry Salesman

19. Occupation  
Nature of industry Housewife

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 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 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 C. W. Adams  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Box 636 Globe, Ariz

Month, day, year \_\_\_\_\_ Filled 6/7 1929 H. E. W. [Signature]  
Registrar Registrar

425-507-548