

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

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

State File No. 156
Registered No. 228

1. PLACE OF BIRTH

County Osila State Arizona
District or Township _____ or Village P.O. Box 404 - Miami
City Miami No. Miami - Insp. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francis Eleanor Kent (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. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth May 10 - 1929
Month Day Year

8. FATHER
Full name Fred Arthur Kent
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Helen Wentzell
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 30 (Years)

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

12. Birthplace (city or place) Stewiacke - Nova Scotia - Canada
(State or country)

18. Birthplace (city or place) Truro, Nova Scotia - Canada
(State or country)

13. Occupation Electrician
Nature of industry mining

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 2¹⁵ A 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 Cyril M. Brown M.D.
Physician
(Physician or midwife)

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

Month, day, year _____ Filed May 20 29 1929 C. E. Dinn
Registrar Registrar

1023-510-863