

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

State File No. 137
Registered No. 275

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Claypool or Village _____
City Miami No. Rubroad Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kevin Inell Hartley { If child is not yet named, make supplemental report, as directed.

3. Sex of Child | To be answered ONLY | 4. Twin, triplet or other _____ | 6. Legitimate? yes
female | in plural | 5. No., in order of birth _____ | 7. Date of birth June 11 1929
births. | | | | Month Day Year

8. FATHER
Full name John Basil Hartley

14. MOTHER
Full maiden name Oddie Jones

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

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

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

16. Color or race white
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) _____
(State or country) Kentucky

18. Birthplace (city or place) _____
(State or country) Texas

13. Occupation Flagman, water
Nature of industry Copper mine

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 6:50 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 J. J. Miller
(Physician or midwife)

Given name added from _____ Address Miami, Arizona
a supplemental report. _____ Month, day, year

Filed June 20 29 1929 C. E. Drey
Registrar Registrar

588-611-112