

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 4700
Registered No. 5630

1. PLACE OF BIRTH

SUPPLEMENT ATTACHED

County Maricopa State Arizona
City, Town, or Village Holbrook Ariz

No. 2 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Severin K. Connolly St. Ward
{ If child is not yet named, make supplemental report, as directed.

Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>ye</u>	7. Date of birth <u>Aug 2, 1929</u> Month Day Year
		5. No., in order of birth <u>2</u>		

FATHER

14. Full name Noah O. Connolly

15. Residence (Usual place of abode) Holbrook Ariz

16. Color or race white

17. Age at last birthday 30 (Years)

18. Birthplace (city or place) West Virginia
(State or country)

19. Occupation Auto Mechanic
Nature of Industry

MOTHER

14. Full maiden name Mary E. Marble

15. Residence (Usual place of abode) Holbrook Ariz

16. Color or race white

17. Age at last birthday 21 (Years)

18. Birthplace (city or state) Concho Ariz
(State or country)

19. Occupation House wife
Nature of Industry

20. Number of children of this mother 2
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?
ye

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:00 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, or other person should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature M. A. Studman Ariz (Physician or midwife.)

Address Holbrook Ariz
Month, day, year _____

Registrar. Filed 8-10, 1929 Registrar. J. P. M. Ariz

438-802-445 29