

N. B.—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
Arizona

1816 ✓
202
State File No. _____
Registered No. _____

1. PLACE OF BIRTH
County Gila State _____
District or Township San Carlos Res. or Village _____
City Rice No. _____ St. _____ Ward _____
(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.

2. Full name of child Eleanor Kinney
3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
7. Date of birth 9-28-1929
Month Day Year
5. No., in order of birth _____

8. FATHER
Full name Joseph B. Kinney
9. Residence (Usual place of abode) Rice
If non-resident, give place and state.
10. Color or race 4/4 apache
11. Age at last birthday 37 (Years)
12. Birthplace (city or place) San Carlos
(State or country) Ariz.
13. Occupation Laborer
Nature of industry _____

14. MOTHER
Full maiden name Alice Tiffany
15. Residence (Usual place of abode) Rice
If non-resident, give place and state.
16. Color or race 4/4 apache
17. Age at last birthday 27 (Years)
18. Birthplace (city or place) Ft. McDowell
(State or country) Ariz.
19. Occupation housewife
Nature of industry _____

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(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 9.15 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. R. Combs
Rice, Ariz. (Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____
Address _____
Filed _____, 19____ Registrar _____

528-928-138