

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

State File No. 59
 Registered No. _____

1. PLACE OF BIRTH

County Apache State _____
 District or Township MoNary or Village _____
 City _____ No. MoNary Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Eugene Francis Kenefiok (If child is not yet named, make supplemental report, as directed)

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Oct. 4, 1930</u> Month Day Year
		5. No., in order of birth		

8. FATHER
 Full name Leo Richard Kenefiok
 9. Residence (Usual place of abode) MoNary Ariz.
 If non-resident, give place and state.
 10. Color or race W.
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) Belmon Iowa
 (State or country)
 13. Occupation Lumber Grader
 Nature of Industry

14. MOTHER
 Full maiden name Kathryn Buchanan
 15. Residence (Usual place of abode) MoNary Ariz
 If non-resident, give place and state.
 16. Color or race W
 17. Age at last birthday 38 (Years)
 18. Birthplace (city or place) Carrollton Ill
 (State or country)
 19. Occupation House-wife
 Nature of Industry

20. Number of children of this mother. <u>I</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>I</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12¹⁰ 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 A. S. Sharp M.D.
(Physician or midwife)

Given name added from 522-1004-205 Address _____
 a supplemental report. Month, day, year

Registrar

Filed **APR 9 1931**

B. Q. McManis
 Registrar