

AN INQUIRY INTO THE MANNER OF THE DEATH OF THE CHILD, AND THE MANNER OF SUCH AN ORDER OF BIRTH STATED.

SUPPLEMENT ATTACHED

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171

District of _____

County Registrar No. _____

Town of Globe

Local Registrar No. 30

or _____

City of _____

No. So. East St. St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Louis Muriel Brown (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____
5. No., in order of birth. 4
6. Legitimate? Yes
7. Date of birth Feb. 24 1927
Month Day Year

8. FATHER Full name Louis Muriel Brown

14. MOTHER Full maiden name Margaret Lowle

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

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

10. Color or race W.
11. Age at last birthday 36 (Years)

16. Color or race W.
17. Age at last birthday 37 (Years)

12. Birthplace (city or place) Texas.
(State or country)

18. Birthplace (city or place) Minneapolis
(State or country) Minn.

13. Occupation Mgr. Gila
Nature of Industry abstract C.

19. Occupation Housewife.
Nature of Industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead _____
(c) Stillborn _____

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 1:40 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 E. Gentes, M.D.
Address Globe Ariz.
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____ Filed 2/28 1927 _____
Local Registrar.

Registrar _____ Filed _____ 19_____
County Registrar.

325-224-435