

RECORD
 INK—THIS IS A PERMANENT
 WITH UNFADING INK—THIS IS A PERMANENT
 SEPARATE RETURN must be made for each, and the number of each in
 order of birth stated.
 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

PLACE OF BIRTH
 1. County of Gila
 District of Globe
 Town of Globe
 or
 City of Globe

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123
 County Registrar No. 116
 Local Registrar No. Globe

No. Gila Co Hospital St. Globe 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 Stanley Harold Rowley

3. Sex of Child Male

4. Legitimate? yes

7. Date of birth 5-1-27
Month Day Year

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.

FATHER

8. Full name Joe Rowley

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

10. Color or race White

11. Age at last birthday 31 (Years)

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

13. Occupation
 Nature of industry Cook

MOTHER

14. Full maiden name Josephine Sklar

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

16. Color or race White

17. Age at last birthday 16 (Years)

18. Birthplace (city or place) Poland
(State or country)

19. Occupation
 Nature of industry Housewife

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 1

(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 born alive at 11:15 P. M. on the date above stated
(Born alive or stillborn.)

Signature C. W. Adams (Physician or midwife)

Address Globe, Arizona

*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.

Given name added from a supplemental report
 Month, day, year

Filed 5-31-27 1927 Registrar

Filed 5-31-27 1927 Local Registrar. County Registrar.

298-501-129