SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 162
County Registrar No.
Local Registrar No. 144

PLACE OF BIRTH
1. County of Gila
District of Globe
Town of Globe
or
City of Globe No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lowell Miller (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
6. Legitimate? Yes
7. Date of birth 7-11-27 (Month Day Year)

8. FATHER
Full name Walter William Miller
9. Residence (Usual place of abode)
If non-resident, give place and state. Payson, Arizona
10. Color or race: White
11. Age at last birthday 35 (Years)
12. Birthplace (city or place) Washington
(State or country)
13. Occupation
Nature of industry Store-Keeper

14. MOTHER
Full maiden name Inez Grace Tattershall
15 Residence (Usual place of abode)
If non-resident, give place and state. Payson, Arizona
16 Color or race: White
17. Age at last birthday 31 (Years)
18. Birthplace (city or place)
(State or country) Garber Oklahoma
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 1

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 (Born alive or stillborn.) at 8:00 A.m. on the date above stated

*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 [signature] (Physician ~~or midwife~~).
Address Box 636, Globe, Arizona.

Given name added from a supplemental report
Month, day, year
Filed 7-31, 1927 [signature] Local Registrar.

349-711-933
Registrar
Filed , 19 County Registrar.

N. B.—In case of more than one child at a birth, a [illegible] must be made for each, and the number [illegible] order of birth stated.