

## PLACE OF BIRTH

1. County of Yuma

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Globe

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 167

County Registrar No. \_\_\_\_\_

Local Registrar No. 149No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Johnnie Bowman Linnell 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. Legitimate? Yes 7. Date of birth July 14, 1927  
month day year8. FATHER  
Full name Peter Bowman Linnell14. MOTHER  
Full maiden name Bertha Mae McBride9. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state16. Color or race white16. Color or race white11. Age at last birthday 37 (Years)17. Age at last birthday 19 (Years)12. Birthplace (city or place) Lincoln Co., New Mexico  
(State or country)18. Birthplace (city or place) Ariz., New Mexico  
(State or country)13. Occupation  
Nature of industry miner19. Occupation  
Nature of industry Housewife20. 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 two (b) Born alive but now dead none (c) Stillborn none21. Were precautions taken against phtalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 5:10 P. (Born alive or stillborn.) 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 evidences of life after birth.  
Signature T.C. Harper  
(Physician or midwife)  
Address Globe, Arizona  
W. W. Horst

Given name added from a supplemental report \_\_\_\_\_

Month, day, year. 133-714-245 Filed 7-31, 1927 Local Registrar.  
Registrar. \_\_\_\_\_ County Registrar.

THIS FORM IS A PERM. RETURN must be made as early as possible, and the number in order of birth stated.