PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 194

County Registrar No.

Local Registrar No. 156

No. St. Ward

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

2. Full name of child Owen Herbert Rawsthorne — 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: July 24, 1927 (Month, day, year)

FATHER	MOTHER
8. Full name: Wilbur DeWitt Rawsthorne	14. Full maiden name: Elizabeth (Margaret) White
9. Residence (Usual place of abode): Globe, Ariz. If nonresident, give place and state	15. Residence (Usual place of abode): Globe, Ariz. If nonresident, give place and state
10. Color or race: White — 11. Age at last birthday 25 (Years)	16. Color or race: White — 17. Age at last birthday 23 (Years)
12. Birthplace (city or place) (State or country): Hamilton Ontario	18. Birthplace (city or place) (State or country): Crab orchard, Ky.
13. Occupation / Nature of industry: Mill Operator	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 two
(b) Born alive but now dead none
(c) Stillborn none

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 2:35 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 evidences of life after birth.

Signature: T. C. Harper (Physician ~~[illegible]~~)

Address: Globe, Arizona

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

Filed 7-31, 1927 W. W. Horst, Local Registrar.

695-724-565 Registrar.

Filed ....., 19.... County Registrar.

N. B.—In case of more than one child at a bi... in order of birth stated.