ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 197

Registered No. 314

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 6 Dairy Canyon St. ..... Ward

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

2. Full name of child Reudo *J. Stowell { 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 26, 1927 (Month Day Year)

8. FATHER

Full name Brigham Earl Stowell

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race: White | 11. Age at last birthday 40 (Years)

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

13. Occupation: Surface Boss

Nature of industry: Copper mine

14. MOTHER

Full maiden name Mary Ellen Green

15 Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

16 Color or race: White | 17. Age at last birthday 36 (Years)

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

19. Occupation: Housewife

Nature of industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead 1

(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 alive at 10:25 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 J. F. Miller

MD (Physician ~~or midwife~~).

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

Address Miami, Arizona

Filed Aug 2, 1927 R. E. Smith Registrar

..... Registrar

* There is no middle name; just an initial "J".

923-726-475

WRITE PLAINLY

... the number ... order of birth stated.