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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 3127
Registered No. 3

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. 139 N. High St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kenneth Howard Colwell (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 Jan 4 1930 Month Day Year

8. FATHER
Full name Jack Colwell
9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz.
10. Color or race white
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Oklahoma
(State or country)
13. Occupation miner
Nature of industry _____

14. MOTHER
Full maiden name Ola Motley
15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz.
16. Color or race white
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) Kiowa
(State or country) Oklahoma
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.) 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 6:15 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 Herman E. Bodemer
Physician
(Physician or Midwife)

Given name added from a supplemental report _____ Address Globe Arizona
Month, day, year _____
Filed 2/10 1930 H. E. Englishman Registrar

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.

33-104-146