

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

191⁴⁷
 State File No. 54
 Registered No. _____

1. PLACE OF BIRTH

County Pima State Arizona
 District or Township Lower miami or Village _____
 City miami No. 4 San Wendle Canon St. _____ Ward _____

2. Full name of child Nona Lucille Mc Dowell
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. 5. No., in order of birth _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>January 11 1930</u> Month Day Year
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8. **FATHER**
 Full name Daniel Brison McDowell

14. **MOTHER**
 Full maiden name Oleo Braughton

9. Residence (Usual place of abode) miami, Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) miami, Arizona
 If non-resident, give place and state.

10. Color or race White
 11. Age at last birthday 33 (Years)

16. Color or race White
 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Pearcy
 (State or country) Arkansas

18. Birthplace (city or place) Hot Springs
 (State or country) Arkansas

13. Occupation Carpenter, Surface
 Nature of industry Copper mine

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 _____	(b) Born alive but now dead _____	(c) Stillborn _____
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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 5-22 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. J. Miller

Given name added from a supplemental report _____
 Address miami, Arizona
 Month, day, year _____

Registrar _____
 Filed Feb 1 1930 Registrar J. E. Irwin

543-111-325

order of birth stated.