

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

State File No. 158
 Registered No. 67

1. PLACE OF BIRTH

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

2. Full name of child Bennie Nelson McGowan { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Males To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 3 6. Legitimate? 7. Date of birth April 7 1930
Month Day Year

8. FATHER
 Full name Jay Vivian McGowan
 9. Residence (Usual place of abode) Globe
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 35 (Years)
 12. Birthplace (city or place) (State or country) Texas
 13. Occupation Nature of industry Mechanic

14. MOTHER
 Full maiden name Jennie Nichols
 15. Residence (Usual place of abode) Globe
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 32 (Years)
 18. Birthplace (city or place) (State or country) New Mexico
 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 3 (b) Born alive but now dead _____ (c) Stillborn _____ 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 am on the date above stated.
(Born alive or stillborn.)

Signature Dr. Kennedy (Physician or Midwife)

Given name added from a supplemental report _____ Address Globe
245-407-150 Month, day, year _____
 Registrar _____ Filed 5/12 1930 Registrar H. E. Wightman

order of birth stated.

N. B. - This form is to be filled out by the attending physician or midwife.