

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 261  
Registered No. 76

1. PLACE OF BIRTH

County Maricopa State \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Morenci No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Dorothy May Bowme (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 F If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Legitimate yes 8. Date of birth May 27, 1920  
(Month, day, year)

9. Full name Rex Bowme FATHER

18. Full maiden name Wylene Crabtree MOTHER

10. Residence (usual place of abode) Morenci  
(If nonresident, give place and State)

19. Residence (usual place of abode) Morenci  
(If nonresident, give place and State)

11. Color or race White 20. Age at last birthday 24 (Years)

21. Color or race W 22. Age at last birthday 19 (Years)

3. Birthplace (city or place) Lincoln County  
(State or country) N.M.

22. Birthplace (city or place) Germany  
(State or country) Germany

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. law

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work 5/1, 1920 17. Total time (years) spent in this work 5

25. Date (month and year) last engaged in this work 8/16, 20 26. Total time (years) spent in this work 4

7. Number of children of this mother At time of this birth and including this child (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

8. If stillborn, period of gestation 7 months or weeks 29. Cause of stillbirth not known  
Before labor  During labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Born alive or stillborn) SA  
(Signed) Ray Mung, M.D.

Given name added from 425-527-635  
a supplemental report (Date of)

or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed May 31, 1920 Registrar.

Registrar.