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

State File No. <sup>215</sup> #57  
Registered No. #57

1. PLACE OF BIRTH  
County Gila State Arizona  
District or Township \_\_\_\_\_ or Village Res. No. 8 - Reynolds Canon  
City Miami No. Miami - Insp. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William Milton Bowling  
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 June 28 - 1930  
Month Day Year

8. FATHER  
Full name Luther Leslie Bowling  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) West Virginia  
(State or country)

13. Occupation Sampler  
Nature of Industry Mining

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0

14. MOTHER  
Full maiden name Margaret E. Schultz  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

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

18. Birthplace (city or place) Douglas  
(State or country) Arizona

19. Occupation \_\_\_\_\_  
Nature of industry Housewife

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 9 A. m. on the date above stated.  
(Born alive or stillborn.)  
Signature Cyril M. Brown M.D. (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami, Arizona  
Filed July 12, 1930 Registrar C. E. Dring

627-628-429