

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

State File No. **97**
 Registered No. **111**

I. PLACE OF BIRTH

County Yuma State Ariz.
 District or Township _____ or Village _____
 City Eslobo No. _____ St. _____ Ward _____

2. Full name of child Juanita Joyce Lowery
(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 Female To be answered ONLY in case of plural births. 4. Twin, triplet or other Yes 5. Legitimate? Yes 6. Date of birth 12-4-1933
 Month Day Year

FATHER
 8. Full name Jack Edsel Lowery
 9. Residence (Usual place of abode) Eslobo, Ariz.
 If non-resident, give place and state. _____
 10. Color or race White
 11. Age at last birthday 21 (Years)
 12. Birthplace (city or place) Texas
 (State or country)
 13. Occupation Laborer
 Nature of industry _____
 20. Number of children of this mother 1
 (Taken as of time of birth of child herein certified and including this child.)

MOTHER
 14. Full maiden name Georgia Opal Russell
 15. Residence (Usual place of abode) Eslobo, Ariz.
 If non-resident, give place and state. _____
 16. Color or race White
 17. Age at last birthday 17 (Years)
 18. Birthplace (city or place) Rosemead, Texas
 (State or country)
 19. Occupation Housewife
 Nature of industry _____
 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 1:40 P.M. on the date above stated.
(Born alive or stillborn)

Signature T. C. Harper
 Physician
(Physician or Midwife)
 Address Eslobo, Ariz.
 Filed DEC 28 1933
 Registrar W. H. ...

WAIVER PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

133-1204-793