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1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 72

Registered No.

County Graham State ARIZONA

Township Safford, or Village

City Safford. No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Everett Houston Bowman. (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplets, or other Single Premature; 5. Number, in order of birth Third Full term Yes | 7. Is mother married? Yes | 8. Date of birth March 10th, 1936 (Month, day, year)

9. Full name FATHER Houston Bowman

10. Residence (usual place of abode) (If non-resident, give place and State) Safford, Arizona.

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

13. Birthplace (city or place) (State or Country) New Mexico

OCCUPATION

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

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

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

18. Full maiden name MOTHER Jewell Claridge

19. Residence (usual place of abode) (If non-resident, give place and State) Safford, Arizona.

20. Color or race White 21. Age at last birthday 29 (Years)

22. Birthplace (city or place) (State or Country) Arizona.

OCCUPATION

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

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

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months or weeks

29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:35 P. m. on the date above stated

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

Given name added from a supplemental report 525-310-135 (Date of)

Registrar.

(Signed) J. N. Stratton, M. D.

or Physician, Midwife

Address Safford, Arizona.

Filed April 9th, 1936 J N Stratton Registrar.

By O H Lopez

20M 1-8-36 Form No. 2 MS—100 Rag

... must be made for each, and the number of each in order of birth stated.