2603

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. 44

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Globe or Village Globe

City Globe No. Residence St. ..... Ward

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

2. Full name of child Julia Oakes Towle (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Female

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 1-7-1906 (Month Day Year)

FATHER

8. Full Name James Sargent Towle

9. Residence (Usual place of abode) Globe Ariz.

If non-resident, give place and state.

10. Color or race: white

11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Hamelton (State or country) Michigan

13. Occupation: Real-Estate & Insurance (Name of Industry)

MOTHER

14. Full maiden name Maggie Cathrine McKevitt

15. Residence (Usual place of bode) Globe Ariz.

If non-resident, give place and state.

16. Color or race: White

17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Virgina City Nevada (State or country)

19. Occupation: Housewife (Nature of Industry)

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead .....
(c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum?

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 / A..m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature James S. Towle

Father (Physician or midwife)

Give name added from a supplemental report ..... Month, day, year Address .....

Registrar. Filed 3/8 1921 H. E. Wyckoff Registrar.

MARGIN RESERVED FOR BINDING

WRITE 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.