128

Writ[illegible]ainly, with Unfading Ink.—This is a Permanent Rec. rd.

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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of Globe
or
City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

98 ~~276~~ Ter. Index No. ✓

Co. Register No. 222

Local Registrar's No.

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS Received at PHOENIX NOV 14 1910

St; Ward)

FULL NAME OF CHILD George Leon Bowman

Born Alive } YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male | Twin, Triplet or other ✓ | and | Number, in order of birth ✓ | Legitimate? No | Date of Birth Oct. 2 (Month) 1910 (Day) (Yr.)

FATHER

Full Name George Bowman

Residence Euclid St.

Color or Race Black

Age at last Birthday 32 (Years)

Birthplace

Occupation

MOTHER

Full Maiden Name Tommy Watts

Residence Same

Color or Race Negro

Age at last Birthday 16 (Years)

Birthplace Dallas, Texas

Occupation Housework

Number of child of this mother 1. | Number of children, of this mother, now living 1 | Were Precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Oct 2 1910, at 4 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. J. Stungeon
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report ..... 191__

Address

Filed Oct 7 1910 By [illegible]
LOCAL REGISTRAR.

725-1002-262
COUNTY REGISTRAR.

Filed Nov 6 1910 By [illegible] M.D.
COUNTY REGISTRAR.

My Commission ex