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Write in blue ink, with Unfading Ink.—This is a Permanent Record.

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 3 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 82
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 37

PLACE OF BIRTH
County of Yuma
District of _____
Town of _____
or
City of Globe

Local Registrar's No. _____
St; _____ Ward)

FULL NAME OF CHILD Iona Pearl Cowling } Born YES
Alive } NO

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

Sex of Child Female } and } Number; in order of birth 1 } Legit- } Date of Birth March 6 1911
Child MA } or other } } } mat: } (Month) (Day) (Yr.)

FATHER
Full Name Wm Cowling
Residence 136 Washburn Road
Color or Race White Age at last Birthday 25 (Years)
Birthplace Siskward, England
Occupation Miner

MOTHER
Full Maiden Name Mildred Harris
Residence Same
Color or Race White Age at last Birthday 21 (Years)
Birthplace Redworth, Eng.
Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 2 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, Mar 6 1911, at 79 M
(Signature) C. J. Dungeon
(Attending physician, midwife, householder, *)

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

Address _____

Filed Mar 10 1911

B. G. J. at W. R.
LOCAL REGISTRAR.

937-206-1122
COUNTY REGISTRAR.

Filed Apr 5 1911

B. G. J. at W. R.
COUNTY REGISTRAR.