2255

WRITE ONLY, 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. 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 or City of Globe

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 103

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 217

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Harry Cowell

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

Born / Alive YES / ~~NO~~

Sex of Child	Twin, Triplet or other plural	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
M		1	yes	Oct 25 1911

FATHER		MOTHER	
Full Name	Harry A. Cowell	Full Maiden Name	Rebecca Simpson
Residence	437 1st St	Residence	437 1st St
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	22	Age at last Birthday (Years)	21
Birthplace	Mo	Birthplace	Tex
Occupation	Bank clerk	Occupation	Housewife

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 25 1911, *at* 3 P.M.

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

(Signature) R D Kennedy
(Attending physician, midwife, householder.*)

Address Globe Ariz

Given or christian name added from a supplemental report 191

Filed Oct 27 1911 B G Fox
LOCAL REGISTRAR.

833-1025-929
COUNTY REGISTRAR.

Filed Nov 1 1911 B G Fox MD
COUNTY REGISTRAR.