9055

"Supplement Attached" 12/29/52 349

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. ~~[illegible]~~

Co. Register No. 86

Local Registrar's No.

PLACE OF BIRTH

County of Pinal

District of Precinct No 5

Town of Oracle

or

City of (No St; Ward)

FULL NAME OF CHILD Josephine Boyer

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

Born Alive: YES

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Female	Single		1	yes	July 2 1914

FATHER	MOTHER
Full Name: Shadwell Savoy Horace Bowyer	Full Maiden Name: Josephine Agalia Box
Residence: Tucson Arizona	Residence: Tucson, Arizona
Color or Race: English; Age at last Birthday: 27 (Years)	Color or Race: American; Age at last Birthday: 26 (Years)
Birthplace: Surry, England	Birthplace: Mexico Ciudad Porfirio Diaz
Occupation: Automobile Business	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 July 2nd 1914, at 11:30 P. M.

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

(Signature) P M Butler M D

(Attending physician, midwife, householder.*)

Address Mammoth Ariz

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

Filed ..... 191.....

P M Butler M.D.

LOCAL REGISTRAR.

429-702-137

COUNTY REGISTRAR.

Filed Sept 1 1914

A True Copy

COUNTY REGISTRAR.

In case of more than one child at a birth, a SEPARATE CERTIFICATE 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 each local Registrar within 5 days after birth.