552

NAME ADDED BY SUPPLEMENT

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

5 State Index No. 348

Co. Register No. 216

Local Registrar's No. 19

County of [illegible]

District of

Town of

or

City of [illegible] (No. St; Ward)

FULL NAME OF CHILD Corine Cowley

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	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
F				yes	May 6 1915

FATHER		MOTHER	
Full Name	Graham Cowley	Full Maiden Name	Martha Duke
Residence	[illegible]	Residence	
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	32	Age at last Birthday (Years)	23
Birthplace	O.K.	Birthplace	Tex.
Occupation	Farmer	Occupation	H.W.

Number of child of this mother 3 | Number of children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 6 1915, at 1 P M.

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

(Signature) Dr. T. J. Bouldin
(Attending physician, ~~midwife, householder~~.*)

Given or christian name added from a supplemental report 191

Address

Filed 5/17 1915 Martin Jensen
LOCAL REGISTRAR.

338-506-445
COUNTY REGISTRAR.

Filed Jun 18 1915 A True Copy T. J. Bouldin
COUNTY REGISTRAR.

the number of each, in order of birth, [illegible]
Midwife with each local Registrar within 5 days after birth.