734

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.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of ariz.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 135 State Index No. 473

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 113

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Doris Jane Owen

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
Female	one			yes	May (Month) 8th (Day) 1915 (Yr.)

FATHER		MOTHER	
Full Name	James Elzie Owen	Full Maiden Name	Louella Trayne Mountjoy
Residence	Miami.	Residence	Miami ariz.
Color or Race	amer.	Color or Race	White
Age at last Birthday	29 (Years)	Age at last Birthday	28 (Years)
Birthplace	Bowling Green Ky.	Birthplace	Nevada, Mo.
Occupation	Miner.	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 May 8th 1915, at 3:10 a.m.

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

(Signature) D. H. Eckles M.D.

(Attending physician. ~~midwife, householder.~~*)

Given or christian name added from a supplemental report 191

Address Miami ariz.

Filed May 10 1915 John H Lacy

LOCAL REGISTRAR.

465-506-248

COUNTY REGISTRAR.

Filed June 5 1915

A True Copy

COUNTY REGISTRAR.

My Commission Expires Mar 25-1919.