

227

PLACE OF BIRTH
 County of Pima
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 173 State Index No. 586

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 261

Local Registrar's No. _____

FULL NAME OF CHILD Carrie Lowell { Born } YES
 { Alive } NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Female</u>	Pair, Triplet or other _____	and } Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Nov-29-1916</u> (Month) (Day) (Yr.)
FATHER		MOTHER		
Full Name <u>Willard F. Lowell</u>		Full Maiden Name <u>Carrie Teats</u>		
Residence <u>Miami Ariz</u>		Residence <u>Miami Ariz</u>		
Color or Race <u>white</u>	Age at last Birthday <u>39</u> (Years)	Color or Race <u>white</u>	Age at last Birthday <u>39</u> (Years)	
Birthplace <u>Utah</u>		Birthplace <u>New Mex</u>		
Occupation <u>Engineer</u>		Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov-29-1916, at 10AM.

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

(Signature) T.H. Slaughter
 (Attending physician, midwife, householder*)

Given or Christian name added from a supplemental report _____ 191...

Address Miami Ariz
John H. Loey
 LOCAL REGISTRAR.

333-1171-33
 COUNTY REGISTRAR.

Filed Nov 30 1916

Filed Dec 8 1916 A. True Copy

B. S. ...
 COUNTY REGISTRAR.