

192

PLACE OF BIRTH
County of Gila
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. **139**
Co. Register No. 140
Local Registrar's No. _____
(No. _____ St. _____ Ward)

Full Name of Child James David Bowen { Born } YES
Child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child Male Twin, Triplet or other 1 } and } Number in order of birth 1 Legitimate Date of Birth Feb 12 1917
(Month) (Day) (Yr.)

FATHER
Name James David Bowen
Residence Miami
Color or Race White Age at last Birthday 45 (Years)
Birthplace Nova Scotia
Occupation Mechanical Engineer

MOTHER
Full Maiden Name Marie P Farrell
Residence Miami
Color or Race White Age at last Birthday 40 (Years)
Birthplace Wyoming
Occupation Nurse

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb 12 1917, at 5:30 PM.

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

(Signature) Charles E. Iron M.D.
(Attending physician, midwife, householder.*)

When the name of the child is given or Christian name added from a supplemental report _____ 1917

Address Miami Arizona

Filed Mar 15 1917
125-312-463
COUNTY REGISTRAR.

Filed May 5 1917 A True Copy
John H. Lacey LOCAL REGISTRAR.
B. G. Fox COUNTY REGISTRAR.