891

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 114 State Index No. 615

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 161

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Henry Charles Bowie

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

Born Alive YES ~~NO~~

Sex of Child Male | Twin, Triplet or other and Number in order of birth | Legitimate? Yes | Date of Birth April 1, 1917 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	James Bowie	Full Maiden Name	Elizabeth Stevenson
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	45	Age at last Birthday (Years)	40
Birthplace	Scotland	Birthplace	Scotland
Occupation	Miner	Occupation	Housewife

Number of child of this mother 7 | Number of Children, of this mother, now living 6 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on April 1, 1917 at 8 P. M.

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

(Signature) F. J. Miller M.D.

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

Given or Christian name added from a supplemental report 191

Address Miami, Ariz. Box 100

Filed April 5 1917

John H. Lacy

LOCAL REGISTRAR.

825-401-525

COUNTY REGISTRAR.

Filed May 5 1917

A True Copy

B. G. Dick

COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.