4028

PLACE OF BIRTH

County of Gila

District of Winkelman Hayden

Town of Winkelman

or

City of _____ (No._____ St._____ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 139 State Index No. 721

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 408

Local Registrar's No. _____

FULL NAME OF CHILD Wilbur Clarence Barrowman

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.)
Male	—		—	yes	Aug 30 - 1917

FATHER		MOTHER	
Full Name	William Barrowman	Full Maiden Name	Mame Laidet
Residence	Winkelman	Residence	Winkelman
Color or Race	White	Color or Race	White
Age at last Birthday	29 (Years)	Age at last Birthday	23 (Years)
Birthplace	N. S.	Birthplace	N. S.
Occupation	Carpenter	Occupation	House-wife

Number of child of this mother 2nd | 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 the above child; and that it occurred on Aug 30 - 1917, at 10.25 P. M.

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

(Signature) M. G. Marden. M. D.

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

Address Winkelman

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

Filed Sept 30 1917. H. S. Roberts LOCAL REGISTRAR.

625-830-433 COUNTY REGISTRAR.

Filed Oct 5 1917. A True Copy B. G. Fox COUNTY REGISTRAR.