ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No.....

Co. Register No. 220

Local Registrar's No.....

PLACE OF BIRTH

County of Gila

District of Globe

Town of.....
or
City of Globe

(No.....St;..... Ward)

FULL NAME OF CHILD Mary Elizabeth Owens

Born Alive: YES / NO

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

Sex of Child Female | Twin, Triplet or other ..... and Number in order of birth ..... | Legitimate? yes | Date of Birth 5 - 16 1915 (Month) (Day) (Yr.)

FATHER

Full Name Fernando F. Owens

Residence Globe Ariz

Color or Race White | Age at last Birthday 30 (Years)

Birthplace Ill.

Occupation Mining

MOTHER

Full Maiden Name Nellie May Pursette

Residence Globe Ariz

Color or Race White | Age at last Birthday 34 (Years)

Birthplace Colorado

Occupation Housework

Child lived 4 hours.

Number of child of this mother 1 | Number of children, of this mother, now living none | Were precautions taken against Ophthalmia neonatorum?.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 5/16 1915, at 4.40 P M.

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

(Signature) G. E. Wyllie
(Attending physician, ~~midwife, householder*~~)

Address Globe Arizona

Given or christian name added from a supplemental report .....191.....

Filed May 20 1915 B. G. Fox
LOCAL REGISTRAR.

462-578-573
COUNTY REGISTRAR.

Filed June 5 1915 A True Copy B. G. Fox
COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth.