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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127

Co. Registrar's No. 3

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

(No. St; Ward)

FULL NAME OF CHILD Betty Delina Owens

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

Born Alive YES ~~NO~~

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 1 | Legitimate? yes | Date of Birth Aug - 25 - 1919 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Eugene A. Owens	Full Maiden Name	Jaynele Winkler
Residence	Claypool - Arizona	Residence	Claypool - Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	34 Years	Age at last Birthday	17 Years
Birthplace	Cherry Creek - Nevada	Birthplace	Chane, Okla -
Occupation	Chaneman	Occupation	Housewife

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | 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 25, 1919, at 4 A.M.

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

Signature Cyril M. Cron M.D.

Attending physician, ~~midwife, householder.~~

Address Miami, Arizona

Given or Christian name added from a supplemental report 191

Filed 1/30/ 1920

T H Slaughter

LOCAL REGISTRAR.

262-825-1169

COUNTY REGISTRAR.

A True Copy

Filed Feb 5 1920

B. G. Fox

COUNTY REGISTRAR.

... stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.