

2343

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Yila

BUREAU OF VITAL STATISTICS

State Index No. 163

District of Arizona

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 600

Town of Miami

Local Registrar's No. _____

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

FULL NAME OF CHILD John Randolph Towles } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Allve } ~~NO~~

Sex of Child Male { Twin, Triplet or other } and { Number in order of birth } Legiti- mate? yes Date of Birth Oct 23 1919.
(Month) (Day) (Yr.)

FATHER
Full Name John Randolph Towles
Residence Miami, Arizona
Color or Race white Age at last Birthday 29 (Years)
Birthplace Richmond, Virginia
Occupation Office man

MOTHER
Full Maiden Name Julia Virginia Craven
Residence Miami, Ariz.
Color or Race white Age at last Birthday 28 (Years)
Birthplace Washington D. C.
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 above child; and that it occurred on Oct. 23, 1919, at 3³⁰ A. M.

{ *When there is no attending phys- ician or midwife, then the householder } should make this return.

(Signature) Cyril M. Crow M.D.
(Attending physician, midwife, householder.*)

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

Address Miami, Arizona

Filed Nov 17 1919

W. B. Bradford
LOCAL REGISTRAR.

132-1023-135
COUNTY REGISTRAR.

Filed 11/27 1919

A True Copy B. E. Dot
COUNTY REGISTRAR.