

4252

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County of Gila
District of _____
Town of Miami
or
City of _____

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151
Co. Registrar's No. 338
Local Registrar's No. _____

(No. _____ St; _____ Ward)
FULL NAME OF CHILD Joseph Seales Bowman } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Male } and } Number in order of birth / } Legiti- mate? yes } Date of Birth June 13 - 1920.
or other } } of birth } } } Month Day Yr.

FATHER
Full Name Joseph Vernal Bowman
Residence Miami, Arizona
Color or Race White Age at last Birthday 30 Years
Birthplace Stanford, Calif.
Occupation Metallurgist

MOTHER
Full Maiden Name Catherine Seales
Residence Miami, Arizona
Color or Race White Age at last Birthday 24 Years
Birthplace Anacosta, Montana
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 June 13, 1920, at 11:30 A.M.

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

Signature April M. Crow M.D.
Attending physician, midwife, householder.

Given or Christian name added from a

Address Miami, Arizona

supplemental report _____ 191

Filed 6/27 1920

T.H. [Signature]
LOCAL REGISTRAR.

125-613-322
COUNTY REGISTRAR.

Filed 7-2 1920 A True Copy

B.B. Fox
COUNTY REGISTRAR.

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