

1143

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

State Index No. 128

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 716

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Cleo Wanda Bowman { Born } Yes
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive } NO

Sex of Child 7 Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate? yes Date of Birth Dec. 1 1920
(Month) (Day) (Yr.)

FATHER
Full Name David Richard Bowman
Residence Globe, Ariz.
Color or Race White Age at last Birthday 27 (Years)
Birthplace New Mexico
Occupation Truck driver

MOTHER
Full Maiden Name Clara Lena Pusch
Residence Globe, Ariz.
Color or Race White Age at last Birthday 23 (Years)
Birthplace Illinois
Occupation Housewife

Number of child of this mother 2 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 Dec. 1 1920, at 12:30 AM.

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

(Signature) C. W. Adams
(Attending physician, midwife, householder.)

Given or Christian name added from a

Address Globe, Arizona

Supplemental report _____ 192 _____ Filed 12-6 1920

325-1201-378
COUNTY REGISTRAR.

A True Copy
Filed 1-4 1921

B. G. J. J. J.
LOCAL REGISTRAR.
B. G. J. J. J.
COUNTY REGISTRAR.