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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155

Co. Registrar's No. 743

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 No Name – Premature Infant

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

Born Alive: YES ~~NO~~

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month, Day, Yr.)
Female			2	yes	Dec. 10 – 1920

FATHER		MOTHER	
Full Name	John Randolph Fowler	Full Maiden Name	Julia V. Craven
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	29 Years	Age at last Birthday	28 Years
Birthplace	Richmond, Va	Birthplace	
Occupation	Clerk	Occupation	Housewife

Number of child of this Mother 2 | 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 Dec. 10, 1920 at 5 P. M.

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

Signature Cyril M. Crow M. D.

Attending physician, ~~midwife, householder~~.*

Address Miami, Arizona.

Given or Christian name added from a supplemental report _____ 191__

Filed 12/24/1920 T. H. Slaughter LOCAL REGISTRAR.

032-1210-135 COUNTY REGISTRAR.

Filed 12-27 1920 A True Copy B. G. Lide COUNTY REGISTRAR.

The number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.