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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 194

Co. Register No. 32

Local Registrar's No. 32

PLACE OF BIRTH

County of Graham

District of Safford

Town of ..... or City of Safford

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Wayne Arlow Owens

Born Alive YES ✓ NO

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

Sex of Child Male | Twin, Triplet or other ✓ | and | Number in order of birth | Legitimate? Yes | Date of Birth Feb (Month) 2 (Day) 1921 (Yr.)

FATHER

Full Name James Clark Owens

Residence Thatcher

Color or Race White | Age at last Birthday 39 (Years)

Birthplace Ariz

Occupation Forest Ranger

MOTHER

Full Maiden Name Linnie Elsworth

Residence Thatcher

Color or Race White | Age at last Birthday 35 (Years)

Birthplace Arizona

Occupation Housewife

Number of child of this mother 7 | Number of children, of this mother, now living 7 | 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 Feb 1921, at 7 A.M.

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

(Signature) Maud Callison D.O. (Attending physician, midwife, householder.*)

Address Safford

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

Filed 2-5-1921 Alma Burns LOCAL REGISTRAR.

662-202-358 COUNTY REGISTRAR.

Filed 2-10-1921 A True Copy J. N. Stratton COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth.