

4774

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and 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.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151  
Co. Registrar's No. 442  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Daniel Parker Bowling Born YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Male Twin-Triplet or other \_\_\_\_\_ and Number in order of birth 5 Legitimate? yes Date of Birth Sept. 18 1922  
Month Day Yr.

FATHER  
Full Name James Frank Bowling  
Residence Miami, Arizona  
Color or Race White Age at last Birthday 34 Years  
Birthplace Juscalossa, Alabama  
Occupation miner

MOTHER  
Full Maiden Name Florence Ellen Gallagher  
Residence Miami, Arizona  
Color or Race White Age at last Birthday 28 Years  
Birthplace Seattle, Wash.  
Occupation Housewife

Number of child of this Mother 5 Number of Children, of this mother, now living 5 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 Sept. 18, 1922 at 7<sup>15</sup> P.M.

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

Signature D. M. Crow M.D.  
Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Address Miami, Arizona

Filed Sept 23 1922

Filed Oct 6 1922

A True Copy

427-919-679  
COUNTY REGISTRAR.

B. M. Hardy  
LOCAL REGISTRAR.  
B. S. Stry  
COUNTY REGISTRAR.