# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136

Co. Registrar's No. 15

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 Mark Eugene Howlin

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 3 | Legitimate? yes | Date of Birth Dec. 31 1922 (Month, Day, Yr.)

**FATHER**

Full Name Thomas Howlin

Residence Miami Ariz

Color or Race White Age at last Birthday 40 Years

Birthplace American

Occupation Ireland

Mechanic

**MOTHER**

Full Maiden Name Ellen McFadden

Residence Miami Az

Color or Race White Age at last Birthday 34 Years

Birthplace American

Occupation Ireland

House wife

Number of child of this Mother 3 | Number of Children, of this mother, now living 3 | 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 12/31 1922, at 6A M.

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

Signature T H Slaughter
Attending physician, midwife, householder.*

Address Miami Ariz

Given or Christian name added from a supplemental report 191

Filed Jan 31 1923 Charles E. Lynn
LOCAL REGISTRAR.

485-123-545
COUNTY REGISTRAR.

Filed 2/6 1923 A True Copy [illegible]
COUNTY REGISTRAR.

Local Registrar within 5 days after birth.