

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, with UNFADING INK—THIS IS A REQUIREMENT.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila,</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>151</u>
District of <u>Globe,</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>127</u>
Town of _____			Local Registrar No. _____
or <u>Globe.</u>			
City of _____	No. _____	St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Bonny Gene Mc Dowell,</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
		6. Legitimate? <u>Yes.</u>	7. Date of birth <u>2</u> <u>27</u> <u>1923</u> Month Day Year
8. FATHER		14. MOTHER	
Full name <u>Percy Rex McDowell</u>		Full maiden name <u>Minnie Evelyn Billings,</u>	
9. Residence (Usual place of abode) If nonresident, give place and state <u>Globe,</u>		15. Residence (Usual place of abode) If nonresident, give place and state <u>Globe,</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>39</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>35</u> (Years)
12. Birthplace (city or place) <u>Pittsburg,</u> (State or country) <u>Texas.</u>		18. Birthplace (city or place) <u>Verde,</u> (State or country) <u>Texas,</u>	
13. Occupation Nature of industry <u>Book-keeper,</u>		19. Occupation Nature of industry <u>Housewife,</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes.</u>	
(a) Born alive and now living <u>3</u>			
(b) Born alive but now dead <u>1</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>12:45</u> A. M. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>G. E. Wightman</u> (Physician or midwife)	
Address <u>Globe, Ariz.</u>			
Given name added from a supplemental report _____		Filed <u>3/5</u> 19 <u>23</u>	<u>B. G. Day</u> Local Registrar
Month, day, year.		Filed <u>3/5</u> 19 <u>23</u>	<u>B. G. Day</u> County Registrar
Registrar. _____			

243-227-4122