

1845

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Dila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 162  
County Registrar No. 366  
Local Registrar No. \_\_\_\_\_

2. Full name of child Frances Ida Howe  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) Miami - Inspiration Hospital Ward \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin-triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Aug 16 1923 Month day year

8. FATHER  
Full name Frank Cleveland Howe  
9. Residence Inspiration  
(Usual place of abode)  
If nonresident, give place and state Ariz  
10. Color or race American  
11. Age at last birthday 43 (Years)  
12. Birthplace (city or place) Cheyenne  
(State or country) Wyo  
13. Occupation Mechanical Engineer  
Nature of industry

14. MOTHER  
Full maiden name Eda Pauline Mary Schiele  
15. Residence Inspiration  
(Usual place of abode)  
If nonresident, give place and state Ariz  
16. Color or race American  
17. Age at last birthday 42 (Years)  
18. Birthplace (city or place) Decorah  
(State or country) Iowa  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was born at 4:20 m. on the date above stated.  
(Born alive or stillborn.)

\*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 evidences of life after birth.  
Signature C. M. Crow M.D. (Physician or midwife)  
Address Miami, Arizona

Given name added from supplemental report \_\_\_\_\_  
Month, day, year. Filed Apr 30 1933 C. E. Jwan Local Registrar.  
Filed Oct 3 1923 B. G. Joy County Registrar.

Registrar.

County Registrar.

685-816-925