

11211

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144

District of _____

County Registrar No. 579

Town of Miami

Local Registrar No. _____

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 Helen Sue Owen } 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 1 5. No., in order of birth 1 6. Legitimate? Yes 7. Date of birth Nov 7-1924
Month day year

8. FATHER
Full name James Eliza Owen

14. MOTHER
Full maiden name Luella Mountjoy

9. Residence (Usual place of abode) Miami Arizona
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race White 11. Age at last birthday 39 (Years)

16. Color or race White 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Bowling Green Ky
(State or country)

18. Birthplace (city or place) Nevada Mo
(State or country)

13. Occupation Miller Oil & Mining
Nature of industry

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 3
(b) Born alive but now dead 0
(c) Stillborn 0

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 alive at Miami on the date above stated.
(Born alive or stillborn.)

Signature Charles E. Owen (Physician or midwife)

Address Miami Arizona
Given name added from a supplemental report _____
Month, day, year.

Filed Nov 30, 1924 Local Registrar.
Filed DEC 5, 1924 County Registrar.

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 in order of birth stated.

965-1107-346