

SECURE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 176  
 Registered No. 2110

**1. PLACE OF BIRTH**  
 County Gila State Ariz.  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Elton Clifford Cowser Jr. (If child is not yet named, make supplemental report, as directed.)  
**3. Sex of Child** M. To be answered ONLY in event of plural births.  
**4. Twin, triplet or other.** \_\_\_\_\_  
**5. Legitimate?** yes.  
**7. Date of birth** Aug. 18-25  
 Month Day Year

**8. FATHER**  
 Full name Elton Clifford Cowser  
**9. Residence** (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.  
**10. Color or race** white  
**11. Age at last birthday** 26 (Years)

**14. MOTHER**  
 Full maiden name Mary Frances Cross  
**15. Residence** (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.  
**16. Color or race** white  
**17. Age at last birthday** 19 (Years)

**12. Birthplace** (city or place) Texas  
(State or country)  
**13. Occupation**  
 Nature of industry Miner

**18. Birthplace** (city or place) Cananea Mexico  
(State or country)  
**19. Occupation**  
 Nature of industry Housewife

**20. Number of children of this mother** 1  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 1  
 (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 9:50 A. m. on the date above stated  
(Born alive or stillborn.)

Signature C. W. Adams  
Globe, Ariz.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_

Month, day, year \_\_\_\_\_  
 Registrar W. W. Jones  
 Filed 8/31, 1925 Registrar

533-818-436