WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE...

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137

County Registrar No.

Local Registrar No. 69

PLACE OF BIRTH

1. County of Gila

District of

Town of Hayden

or Box 1384

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 Virginia Evylin Dowling } If child is not yet named, make supplemental report, as directed.

3. Sex of Child F

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 Sept 18 1925 (Month day year)

8. FATHER

Full name James Thomas Dowling

9. Residence (Usual place of abode) Hayden

If nonresident, give place and state

10. Color or race White

11. Age at last birthday 22 (Years)

12. Birthplace (city or place) St Louis

(State or country) Mo

13. Occupation Crane Man

Nature of industry Smelter

14. MOTHER

Full maiden name Elizabeth Wigstrom

15. Residence (Usual place of abode) Hayden

If nonresident, give place and state

16. Color or race White

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Seattle

(State or country) Wash.

19. Occupation House wife

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 1

(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 alive at 9:00 p 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 Charles B Huestis MD (Physician or midwife)

Address Hayden

Given name added from a supplemental report ..... Month, day, year.

Filed Sept 21, 1925 W B Dash Local Registrar.

547-918-564 Registrar.

Filed ....., 19.. ..... County Registrar.