PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of
District of Miami
Town of
or
City of Miami

State Index No. 200 A
County Registrar No. 429
Local Registrar No.

No. Miami-Inspiration Hosp St., Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Kendall Fowler (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: male
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. 23, 1926 (Month, Day, Year)

8. FATHER
Full name Harold J. Fowler
9. Residence (Usual place of abode) Claypool, Ariz
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Raintown
(State or country) Indiana
13. Occupation
Nature of industry

14. MOTHER
Full maiden name Flora Kendall
15 Residence (Usual place of abode) Claypool, Ariz
If non-resident, give place and state.
16 Color or race White
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) D'Lo, Mississippi
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified, including this child.)
(a) Born alive and now living One
(b) Born alive but now dead no
(c) Stillborn no
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 m. on the date above stated
(Born alive or stillborn.)

(*) If 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 Thomas W. Woodman M.D.
(Physician or midwife).
Address 703 Heard Bldg. Phoenix Ariz

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

Filed Oct 19, 1928 C. E. Irving
Local Registrar.

Registrar

Filed , 19
County Registrar.

169-823-623