

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Coconino

District of Maricopa

Town of Phoenix

City of Phoenix

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150

County Registrar No. 865

Local Registrar No. _____

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

2. Full name of child Robert Lee Lowthian } 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 Oct 8, 1976
Month day year

3. FATHER
Full name Harry Lowthian

14. MOTHER
Full maiden name Bra Shurlock

9. Residence (Usual place of abode) Phoenix
If nonresident, give place and state _____

15. Residence (Usual place of abode) Phoenix
If nonresident, give place and state _____

10. Color of race White 11. Age at last birthday 23 (Years)

16. Color of race White 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) (State or country) Oregon

18. Birthplace (city or place) (State or country) Oregon

13. Occupation Nature of industry Truck Driver

19. Occupation Nature of industry Housewife

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 erythralmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was _____ (Born alive or stillborn) at 2:17 m. on the date above stated.

*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 Nelson S. Braylor
(Physician or midwife)
Address Phoenix, Ariz.

Given name added from a supplemental report _____ Filed Oct 12, 1976 Local Registrar R. S. Dinn

Month, day, year. _____ Registrar. _____ Filed _____ 19 _____ County Registrar.

In order of birth stated.

935-1008-635