

SUPPLEMENT ATTACHED

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

State File No. 80 183
Registered No. 80

1. PLACE OF BIRTH

County Dila State Arizona
District or Township _____ or Village _____
City Miami No. K 5 Live Oak Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Warren Henry Owen (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY in event of plural births.

Male

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date of birth

Feb. 22, 1928
Month Day Year

8. FATHER

Full name

Jack Francis Owen

9. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona.

10. Color or race

Cauc.

11. Age at last birthday 24 (Years)

12. Birthplace (city or place)

(State or country)

Pleasant Hill,
Mo.

13. Occupation

Nature of industry

Brakeman

Insp. Con. Copper Co.

14. MOTHER

Full maiden name

Doris Crisjanna Luther

15. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona.

16. Color or race

Cauc.

17. Age at last birthday 15 (Years)

18. Birthplace (city or place)

(State or country)

Bellingham,
Wash.

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 1st
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against p. thalimia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:38 A.

(Born alive or stillborn.)

Signature Leyril M. Brown M.D.

Physician

(Physician)

Address Miami, Arizona

Filed Feb 29, 28 O-E.

Registrar

*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 evidence of life after birth.

Given name added from a supplemental report

Month, day, year

number of each in
WNT... INPADIN... SEPARATE RETURN... made for
order of birth stated.
N. B. - In case of more than one child at a birth, a SEPARATE RETURN... made for
order of birth stated.

665-228-11