ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 413

Registered No. 1310

1. PLACE OF BIRTH

County Maricopa State Arizona

District or Township ..... or Village .....

City Phoenix No. 737 S. 1st Ave St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marilyn Louise McDowell (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female | 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. 21-1928 (Month Day Year)

8. FATHER	14. MOTHER
Full name Emmett McDowell	Full maiden name Alma Vines
9. Residence (Usual place of abode) ~~Okla~~ 737 S. 1st Ave If non-resident, give place and state.	15. Residence (Usual place of abode) 737 S 1st Ave If non-resident, give place and state.
10. Color or race Caw	16. Color or race Caw
11. Age at last birthday 23 (Years)	17. Age at last birthday 19 (Years)
12. Birthplace (city or place) ..... (State or country) Okla	18. Birthplace (city or place) ..... (State or country) Alabama
13. Occupation Truck Driver Nature of industry	19. Occupation Housewife Nature of industry

20. Number of children of this mother 3 (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 1
(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 (Born alive or stillborn) at 5:35 P.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 evidence of life after birth.

Signature A. A. Shelley

(Physician or ~~midwife~~)

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

Address .....

Registrar. Filed ....., 19..... 443-921-152 [signature] Registrar.