

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD made for each, and the number of each in order of birth stated.

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

State File No. 195  
 Registered No. 201

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ray Owen Jr. (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births. <input checked="" type="checkbox"/>	4. Twin, triplet or other <input checked="" type="checkbox"/>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct. 27, 1928</u> Month Day Year
5. No., in order of birth <u>1</u>				

**8. FATHER**  
 Full name Ray Owen  
 9. Residence (Usual place of abode) Globe, Arizona  
 If non-resident, give place and state.  
 10. Color or race white  
 11. Age at last birthday 32 (Years)  
 12. Birthplace (city or place) Wisconsin  
 (State or country)  
 13. Occupation Mechanic  
 Nature of industry

**14. MOTHER**  
 Full maiden name Myrtle McCullough  
 15. Residence (Usual place of abode) Globe, Ariz.  
 If non-resident, give place and state.  
 16. Color or race white  
 17. Age at last birthday 27 (Years)  
 18. Birthplace (city or place) Saulsbury, N.C.  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother Two  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living Two  
 (b) Born alive but now dead none  
 (c) Stillborn none  
 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 1 A. 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 evidence of life after birth.  
 Signature T. C. Harper  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Registrar \_\_\_\_\_ Filled 11/8, 1928 W. E. Wylman Registrar

905-1027-448