

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of children in order of birth stated.

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

State File No. 178  
Registered No. 95

**1. PLACE OF BIRTH**

County Gila State Ariz.  
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** Wanda Joyce Rowley (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 May 19, 1929  
Month Day Year

**8. FATHER**  
Full name Joseph Rowley  
9. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.

**MOTHER**  
Full maiden name Josephine Sklar  
15. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 35 (Years)

16. Color or race White 17. Age at last birthday 18 (Years)

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

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

13. Occupation Cook  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 2 (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 0  
(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 at 4:10 P.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  
Globe, Arizona (Physician or midwife)

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

Filed 6/7 1929 H. E. Wightman Registrar

698-519-129