

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

State File No. 567  
Registered No. 567

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Miami Insp. Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Garfield John Renowden

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 7. Date of birth Sept. 20 - 1930  
Month Sept Day 20 Year 1930  
5. No., in order of birth \_\_\_\_\_

8. FATHER  
Full name Richard J. Renowden  
9. Residence 303 Live Oak St. Miami, Ariz.  
(Usual place of abode)  
If non-resident, give place and state.  
10. Color or race Cauc.  
11. Age at last birthday 42 (Years)  
12. Birthplace (city or place) St. Ives, England  
(State or country)  
13. Occupation mill operator  
Nature of industry mining

14. MOTHER  
Full maiden name Janie O. Woolcock  
15. Residence 303 Live Oak St. Miami - Arizona.  
(Usual place of abode)  
If non-resident, give place and state.  
16. Color or race Cauc.  
17. Age at last birthday 30 (Years)  
18. Birthplace (city or place) St. Ives, England  
(State or country)  
19. Occupation \_\_\_\_\_  
Nature of industry Housewife

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 0  
(c) Stillborn \_\_\_\_\_  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* 40  
I hereby certify that I attended the birth of this child, who was born alive at 2:40 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 Loyd M. Brown M.D. (Physician or midwife).

Given name added from a supplemental report 795-900/62 Address Miami, Arizona  
Month, day, year  
Filed Oct 12, 1930 Registrar L. E. Jones

4. B. - in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.