162

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 162

Registered No. 2[illegible]7

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village Res. No. 8 - Van Winkle Canon

City Miami No. Miami, Insp. Hosp. St. ..... Ward

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

2. Full name of child Charles Llewllyn Henry Rowett (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male | 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 June 11 - 1931 (Month Day Year)

8. FATHER

Full name Charles Llewllyn Rowett

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 22 (Years)

12. Birthplace (city or place) Victor

(State or country) Col.

13. Occupation

Nature of industry Mining

14. MOTHER

Full maiden name Gwendolyn L. Williams

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 22 (Years)

18. Birthplace (city or place) Penzance

(State or country) England

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.) 1

(a) Born alive and now living 1

(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 (Born alive or stillborn) at 6 20 A. 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 Cyril M. Cron M.D.

(Physician or midwife).

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

Address Miami, Arizona.

393-611-762 Registrar

Filed July 8, 1931 C. E. Irvin Registrar

order of birth stated.