ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 148

Registered No. 130.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village Res. 715 A R.R. Ave. Miami

City Miami No. Miami-Insp. Hospital St., ... Ward

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

2. Full name of child Mary Elizabeth Renowden } 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 27 - 1932. Month Day Year

8. FATHER	14. MOTHER
Full name Richard T. Renowden	Full maiden name Janie Oliver Woolcock
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona	If non-resident, give place and state. Arizona
10. Color or race W Cauc.	16. Color or race W Cauc.
11. Age at last birthday 43 (Years)	17. Age at last birthday 31 (Years)
12. Birthplace (city or place) St. Ives (State or country) Cornwall, England	18. Birthplace (city or place) St. Ives (State or country) Cornwall, England
13. Occupation Nature of Industry Truck driver	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.) 4 } (a) Born alive and now living 3 (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 at 11 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 Cyril M. Crow M.D. (Physician or ~~midwife~~.)

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

Address Miami, Arizona

Registrar.

Filed June 4, 32. C. E. Irwin Registrar.

495-527-162

each in order of birth stated.