# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 112

Registered No. 251

1. PLACE OF BIRTH

County Gila State Arizona

Township ..... or Village P.O. Route 1 - Miami Ariz.

City Miami No. 7 Van Winkle Canon St. ..... Ward

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

2. Full name of child Marvin Richard Rowett { If child is not yet named, make supplemental report, as directed

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Dec. 20, 1932 (Month, day, year)

FATHER

9. Full name Charles L. Rowett

10. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz.

11. Color or race Cauc | 12. Age at last birthday 23 (Years)

13. Birthplace (city or place) Victor Colo. (State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Gwendolyn Leola Williams

19. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz.

20. Color or race Cauc. | 21. Age at last birthday 23 (Years)

22. Birthplace (city or place) Penzance England (State or country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. Number of children of this mother 2. (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

28. If stillborn, period of gestation ..... { months or weeks

29. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 58 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.

(Signed) Cyril M. Cron M.D., M.D.

or ....., Midwife

Address Miami, Arizona

Filed Jan 15, 1933 C. E. Cron Registrar.

Given name added from a supplemental report ..... (Date of)

493-1220-762 Registrar.