ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 10

Registered No.

County Apache State Arizona

Township or Village

City St. Johns No. St. Ward

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

Full name of child Edward Lee Cowley (If child is not yet named, make supplemental report, as directed)

Sex le | 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 Aug. 23/ 33, 19 (Month, day, year)

FATHER

Full name Gordon Willis Cowley

Residence (usual place of abode) (If non-resident, give place and State) St. Johns, Arizona

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

Birthplace (city or place) (State or country) Estancia, New Mexico

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

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

16. Date (month and year) last engaged in this work September 1933 | 17. Total time (years) spent in this work 6 yrs

MOTHER

18. Full maiden name Vermell Brown

19. Residence (usual place of abode) (If non-resident, give place and State) St. Johns, Arizona

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

22. Birthplace (city or place) (State or country) Eagar, Arizona

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 September, 1933 | 26. Total time (years) spent in this work 5

Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

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 12:45-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) [signature], M.D.

or [signature], Midwife

Address St. Johns, Arizona

Filed Sept. 9, 1933 [signature] Registrar.

Yes named added from supplemental report (Date of)

Registrar.

538-823-525