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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 1114

1. PLACE OF BIRTH

County Pima State ARIZONA

Township _____ or Village _____

City Tucson No. St. Mary's Hospital St. _____ Ward

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

2. Full name of child Rowena Jo Ann Simmons (If child is not yet named, make supplemental report, as directed)

3. Sex F | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term Yes | 7. Is mother married? Yes | 8. Date of birth October 21, 1935 (Month, day, year)

FATHER	MOTHER
9. Full name Charles Thompson Simmons	18. Full maiden name Helen Audrey Estabrook
10. Residence (usual place of abode) (If non-resident, give place and State) 922 N. Third Ave	19. Residence (usual place of abode) (If non-resident, give place and State) 922 N. Third Ave
11. Color or race W	20. Color or race W
12. Age at last birthday 32 (Years)	21. Age at last birthday 24 (Years)
13. Birthplace (city or place) Denver (State or country) Colorado	22. Birthplace (city or place) Hubbard (State or country) Minnesota
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Southern Pacific	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Present, 1935	25. Date (month and year) last engaged in this work Present, 1935
17. Total time (years) spent in this work 14 yrs	26. Total time (years) spent in this work 10 months

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

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 (Born alive or stillborn) at 8:05 p. m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) R K Smith, M. D.

or _____, Midwife

Address _____

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

Filed 11-2-35, 19 Lewis H. Howard Registrar

_____ Registrar.

10M 7-19-35 Form No. 2 MS

922-1021-852

N. 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.