

4747

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of Davidson
Town of Binghampton

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 512A
Co. Registrar No. _____
Local Registrar No. _____

City of Tucson R.D. 2 No. Box 109 St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Heeber Lorence Rowley } If child is not yet named, make supplemental report, as directed

1. Sex of child Male } To be answered ONLY in event of plural births. 4. Twin, triplet or other X 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth June 18, 1920 (Month, day, year)

8. FATHER Full name Jesse Noah Rowley

14. MOTHER Full maiden name Martha Hows Rowley

9. Residence (Usual place of abode) If nonresident, give place and State Tucson R.D. 2

15. Residence (Usual place of abode) If nonresident, give place and State Tucson

10. Color or race American 11. Age at last birthday 46 (Years)

16. Color or race American 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) (State or country) Nephi Utah

18. Birthplace (city or place) (State or country) Colonia Pacheco Chihuahua Mexico

13. Occupation Nature of industry Farmer

19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:30 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 Mrs. Louisa Done (Physician or midwife)

Address Tucson R.D. 2, Box 131

Given name added from supplemental report _____ (Month, day, year) 898-618-498 Registrar.

Filed 10-5- 1922 G. S. Selmeke Local Registrar
Filed NOV 4 1922 19