ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 21

County Registrar No.

Local Registrar No.

PLACE OF BIRTH

1. County of Apache

District of

Town of Vernon

or

City of

No. St. Ward

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

Full name of child Claudean May Phipps

If child is not yet named, make supplemental report, as directed.

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 July 29 1927 (Month day year)

FATHER

8. Full name Claud Emmitt Phipps

9. Residence (Usual place of abode)

If nonresident, give place and state Vernon, Ariz

10. Color or race White

11. Age at last birthday 32 (Years)

12. Birthplace (city or place) (State or country) Texas

13. Occupation Nature of industry Farmer

MOTHER

14. Full maiden name Hazel Fern Wilhelm

15. Residence (Usual place of abode)

If nonresident, give place and state Vernon, Ariz

16. Color or race White

17. Age at last birthday 28 (Years)

18. Birthplace (city or place) (State or country) Concho Arizona

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.)

(a) Born alive and now living 3

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of this child, who was (Born alive or stillborn.) at m. on the date above stated.

*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 evidences of life after birth.

Signature N. M. Riggs (Physician or midwife)

Address

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

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Registrar.

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Local Registrar.

County Registrar.

3720-729-864

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT