

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 191
Registered No. 405

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. L 22 Live Oak Mine St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Norma Jean Larson
} If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	Twin, triplet or other. _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>June 20 - 1930</u>
5. No., in order of birth. _____			Month Day Year	

8. FATHER
Full name Alexander Larson

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Cauc.
11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Glenbar
(State or country) Arizona

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Mary Francis Blair

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Cauc.
17. Age at last birthday 29 (Years)

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

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. <u>4</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living. <u>2</u> (b) Born alive but now dead. <u>2</u> (c) Stillborn. <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 P. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife.)

Given name added from a supplemental report. _____ Address Miami, Arizona
Month, day, year _____ Filed June 25, 30 R. E. Orr
Registrar. _____ Registrar.

535 - 620 - 429

seen in order of birth stated.