ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1234
Registered No.

1. PLACE OF BIRTH

County Gila State Ariz

District or Township or Village Payson

City No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lyle Norris { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male | To be answered ONLY in event of plural births. | 4. Twin, triplet or other | 5. No., in order of birth 11 | 6. Legitimate? Yes | 7. Date of birth 1-3-31 (Month Day Year)

8. FATHER
Full name Homer Norris

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

10. Color or race White | 11. Age at last birthday 40 (Years)

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

13. Occupation
Nature of Industry Farmer

14. MOTHER
Full maiden name Jessie Franklin

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

16. Color or race White | 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Ariz
(State or country)

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 11
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7
(b) Born alive but now dead 4
(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:24 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 C H Rinne M.D.
(Physician or midwife).

Payson Ariz

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

Address

352-103-165
Registrar

Filed 1/30, 1931

C H Rinne
Registrar

order of birth stated.