ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 595

Registered No. 2

1. PLACE OF BIRTH

County Pima State Arizona

Township ..... or Village .....

City Tucson No. 139 S Grand St. ..... Ward

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

2. Full name of child Norman Lewis McGee { If child is not yet named, make supplemental report, as directed

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth 1-2-31, 19.... (Month, day, year)

FATHER	MOTHER
9. Full name Napoleon McGee	18. Full maiden name Mildred Norton McGee Ranch
10. Residence (usual place of abode) (If nonresident, give place and State) McGee Ranch	19. Residence (usual place of abode) (If nonresident, give place and State) ~~San Diego, Cal.~~
11. Color or race White 12. Age at last birthday 29 (Years)	20. Color or race White 21. Age at last birthday 26 (Years)
13. Birthplace (city or place) Tucson (State or country)	22. Birthplace (city or place) San Diego Caly (State or country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Horofe
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rancher	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. —
16. Date (month and year) last engaged in this work 5 yrs, 19....	25. Date (month and year) last engaged in this work —, 19....
17. Total time (years) spent in this work 14 yrs	26. Total time (years) spent in this work —

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

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 at 5 40 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. }

(Signed) Dwight M. Deter, M.D.

or ..... Midwife

Address 130 S Scott St

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

Filed 1-5-, 1931. Dr. A. Kirmse Registrar.

..... Registrar.

545-102-455

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... a separate return must be made for each, and the number of each in order of birth stated.