

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

State File No. 70
Registered No. 217

1. PLACE OF BIRTH

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

2. Full name of child Norma Elaine Smith (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.	4. Twin, triplet or other.	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Dec. 1, 1931</u> Month Day Year
		5. No., in order of birth.		

8. FATHER
Full name Charles Elmer Smith

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

10. Color or race White

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Flagstaff
(State or country) Ariz.

13. Occupation Musician
Nature of industry

14. MOTHER
Full maiden name Virginia Mae Bledsoe

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

16. Color or race White

17. Age at last birthday 17 (Years)

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

19. Occupation Housewife
Nature of industry

20. Number of children of this mother... <u>1</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>1</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:50 P. 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. W. Adams
Physician or midwife

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz.
Month, day, year _____ Filed 1/3- 1932 B. E. Wychman Registrar
528-1201-525 Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.