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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. .....

1. PLACE OF BIRTH Gila

County ..... State Ariz

District or Township ..... or Village Payson Ariz

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 ..... | 6. Legitimate? Yes | 7. Date of birth 1 - 3 - 32 (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) Panna
(State or country)

13. Occupation Nature of industry Farmer

14. MOTHER Full maiden name Jessie Norris

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) Arizona
(State or country)

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 .....
(b) Born alive but now dead .....
(c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:20 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. Rissen
Physician
(Physician or midwife).

Given name added from a supplemental report 352-131-152 (Month, day, year)

Address Payson Ariz

Filed 2/2 1932 C H Rissen