

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. THIS IS A PERMANENT RECORD.

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

State File No. **1077**
 Registered No. _____

1. PLACE OF BIRTH

County DeLa State Arizona
 District or Township _____ or Village _____
 City Miami No. 402 Coffee Canon st. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Betty Ann Tutel
3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____ **5. No., in order of birth** 2
6. Legitimate? yes
7. Date of birth Mar 5 1932
Month Day Year

3. FATHER
Full name Clarence Martin Tutel
9. Residence 402 Coffee Canon
(Usual place of abode)
If non-resident, give place and state. Miami Ariz
10. Color or race Caucasian
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) Sparta Ill
(State or country)
13. Occupation Miner
Nature of Industry mining

14. MOTHER
Full maiden name Alice Florazelle Hardy
16. Residence 402 Coffee Canon
(Usual place of abode)
If non-resident, give place and state. Miami Arizona
18. Color or race Caucasian
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Southwest City
(State or country) Ind
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead _____
 (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 female at 5:05 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 Gayle M. Larson M.D.
Miami Arizona
(Physician or midwife)

Given name added from a supplemental report _____
 Address _____
 Month, day, year 233-305-188
 File Mar 7 1932 Charles E. Larson
Registrar