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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

County: Gila State: Arizona

Township _____ or Village _____

City: Miami No. 903 Merritt St. St. _____ Ward _____

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

2. Full name of child: Norman Wesley Tipton (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: June 30, 1933 (Month, day, year)

FATHER

9. Full name: Dwight Babcock Tipton

10. Residence (usual place of abode) (If nonresident, give place and State): 903 Merritt St.

11. Color or race: White 12. Age at last birthday: 27 (Years)

13. Birthplace (city or place): Cripple Creek (State or country): Colorado

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mining

16. Date (month and year) last engaged in this work: Sept. 1933

17. Total time (years) spent in this work: 8 yr.

MOTHER

18. Full maiden name: Stella Lee Jackson

19. Residence (usual place of abode) (If nonresident, give place and State): 903 Merritt

20. Color or race: Wh. 21. Age at last birthday: 22 (Years)

22. Birthplace (city or place): Rose Maine (State or country) _____

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: _____

25. Date (month and year) last engaged in this work: _____ 19_____

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: 2 (b) Born alive but now dead: none (c) Stillborn: _____

28. If stillborn, period of gestation: no months or weeks

29. Cause of stillbirth: none

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 6:35 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) Lyrit M. Crow M.D. M.D. or _____ Midwife

Address Miami, Arizona

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

Filed July 7 1933 Nina Brayton Registrar.

535.630-275 Registrar.

WRITE CLEARLY 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.