AMENDMENT ATTACHED 11-10-1945, [illegible]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. [illegible]

Registered No.

1. PLACE OF BIRTH

County Gila State

Township or Village

City Miami No. P.O. Box 100 St. Ward

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

2. Full name of child Nancy Faye Philps (If child is not yet named, make supplemental report, as directed)

3. Sex Female | 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 Sept 21 1933 (Month, day, year)

FATHER

9. Full name Alfred George Philps

10. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz.

11. Color or race Caucc | 12. Age at last birthday 29 (Years)

13. Birthplace (city or place) Delmar (State or country) Idaho

OCCUPATION

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miami Copper Co

16. Date (month and year) last engaged in this work 19 | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Fidelia Poe

19. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz.

20. Color or race Caucc | 21. Age at last birthday 28 (Years)

22. Birthplace (city or place) Geronimo (State or country) Arizona

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 0 (c) Stillborn 1

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 12:25 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) Cyril M. Crow M.D. M.D.

or Midwife

Given name added from a supplemental report (Date of)

Registrar.

Address Miami Arizona

Filed Sept 21 1933 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

577-921-695