Item 8 amended per Aff. of Reg. + Appl. for SS No. 8-18-52

CERTIFICATE AMENDED SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

99

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____
Arizona _____

1. PLACE OF BIRTH

County: Gila — State: ARIZONA
Township: _____ — or Village: Payson
City: Payson — No. _____ St. _____ Ward _____
(If born outside a home or institution, give its NAME instead of street and number)

2. Full name of child: Charlotte Rae Tirrell — (If child is not yet named, make supplemental report, as directed)

3. Sex: F — If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 — 6. Premature _____ Full term ✓ — 7. Legitimate? yes — 8. Date of birth Nov 8 1933 (Month, day, year)

FATHER

9. Full name: Lee Kelsey Tirrell
10. Residence (usual place of abode) (If non-resident, give place and State): Payson
11. Color or race: W — 12. Age at last birthday: 15 (Years)
13. Birthplace (city or place) (State or country): Ark
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____
16. Date (month and year) last engaged in this work: Forever 1933
17. Total time (years) spent in this work: _____

MOTHER

18. Full maiden name: Geneva M Ashworth
19. Residence (usual place of abode) (If non-resident, give place and State): Mattoyak Pajo
20. Color or race: W — 21. Age at last birthday: 17 (Years)
22. Birthplace (city or place) (State or country): Mattoyak Okla
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: 17 yr

27. Number of children of this mother (at time of this birth and including this child) (a) Born alive and now living: 1 (b) Born alive but now dead: 1 (c) Stillborn: 1
28. If stillborn, period of gestation: 6 months or weeks — 29. Cause of stillbirth: Auto trip — 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 7:30 a.m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) George H Ashburg, M. D.
or _____, Midwife
Address Payson
Filed _____, 19 _____ Registrar.

Given name added from supplemental report _____ (Date)
3333 — 1968 — 716 Registrar.

NOTICE: STATEMENTS, WITH UNLEADING INK—THIS IS A PERMANENT RECORD. Not more than one child at a birth, a MULTIPLE RETURN must be made for each, and the number of each in order of birth stated.