

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

State File No. 183
 Registered No. 758

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Hill St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Norman Lee Hill (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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Dec. 28, 1925
 Month Day Year

8. FATHER
 Full name Laurence Hill
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Cauc.
 11. Age at last birthday 24 (Years)
 12. Birthplace (city or place) Mesa, Arizona
 (State or country)
 13. Occupation
 Nature of Industry Mechanic

14. MOTHER
 Full maiden name Blanche Britton
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 16. Color or race Cauc.
 17. Age at last birthday 21 (Years)
 18. Birthplace (city or place) San Angelo, Texas
 (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 3
 (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 born at 5:30 p. m. on the date above stated
 (Born alive or stillborn.)
 Signature Byril M. Brown, M.D.

 (Physician or midwife)
 Address Miami, Arizona

 Filed Jan 24, 1926 B. E. Davis

 Registrar

*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.

Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____

583-1228-225

*In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each child of birth stated.