

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 152  
Registered No. 406

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 18 Skill St St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Noreen Ethel Larson  
(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.)

3. Sex of Child Female 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 Sept. 16 - 1928  
Month Day Year

8. FATHER  
Full name Ivan Victor Larson  
9. Residence (Usual place of abode) Douglas, Arizona  
If non-resident, give place and state. \_\_\_\_\_  
10. Color or race Cauc.  
11. Age at last birthday 20 (Years)  
12. Birthplace (city or place) Globe, Arizona  
(State or country) \_\_\_\_\_  
13. Occupation Clerk  
Nature of industry Grocery store

14. MOTHER  
Full maiden name Virginia M. Trethewey  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race Cauc.  
17. Age at last birthday 17 (Years)  
18. Birthplace (city or place) Denver, Colo.  
(State or country) \_\_\_\_\_  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 1 (a) Born alive and now living 1  
(Taken as of time of birth of child herein certified and including this child.) (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 alive at 3:55 P. m. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
a supplemental report \_\_\_\_\_

Month, day, year \_\_\_\_\_  
Filed Sept 25 28 Registrar C. E. Dinn

535-916-538

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