1st name added by supplement E.S.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 147

Registered No. 515

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 6 Warrior Canon St., ... Ward

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

2. Full name of child Vivian Leonora Tipton (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 ..... 5. No., in order of birth ..... | 6. Legitimate? yes | 7. Date of birth Nov. 8 1928 (Month Day Year)

8. FATHER

Full name James Louis Tipton

9. Residence (Usual place of abode) ~~Miami~~ Claypool

If non-resident, give place and state. Arizona

10. Color or race Cauc. | 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Steeplerock

(State or country) New Mex.

13. Occupation

Nature of industry Butcher

14. MOTHER

Full maiden name Icylee Dunn

15. Residence (Usual place of abode) Claypool

If non-resident, give place and state. Arizona

16. Color or race Cauc. | 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Albany

(State or country) Texas

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 2

(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 4 45 A. m. on the date above stated.

(Born alive or stillborn)

[illegible] ...nding physician ...r, householder, ... A stillborn ... breathes nor ... evidence of life after birth.

Signature Cyril M. Cron M.D.

Physician

(Physician or ~~midwife~~).

Given name added from a supplemental report ..... Month, day, year

Address Miami, Arizona.

Registrar.

Filed Jan 2, 19 59 C. E. [illegible]

Registrar.

[illegible] 1108 945