

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.

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

State File No. 123
Registered No. _____

1. PLACE OF BIRTH
County Gila State Ariz
District or Township _____ or Village Payson
City _____ No. _____ St. _____ Ward _____

2. Full name of child Andrew Jarris Norris
(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 male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth 5
6. Legitimate? yes
7. Date of birth 4 6 1929
Month Day Year

8. FATHER
Full name Homer Norris

9. Residence (Usual place of abode) Payson Ariz
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Pa.
(State or country)

13. Occupation Laborer
Nature of industry

14. MOTHER
Full maiden name Jess Franklin

15. Residence (Usual place of abode) Payson Ariz
If non-resident, give place and state.

16. Color or race white
17. Age at last birthday 27 (Y)

18. Birthplace (city or place) Ariz
(State or country)

19. Occupation H.W.
Nature of industry

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead 0
(c) Stillborn 0
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 5:30 p.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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. A. Russell
Physician (Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Address Payson Ariz

Filed 4/7 1929 C. A. Russell
Registrar

123-406-165