

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

157 ✓  
State File No. 53  
Registered No. 330

**1. PLACE OF BIRTH**

County Bila State Arizona  
District or Township Milrose Hill or Village \_\_\_\_\_  
City Miami No. 4105 Highland Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Tutthewey \* (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>July 15 1929</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER  
Full name John Orrin Tutthewey  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Pauline Eoadna Garrett  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race White  
11. Age at last birthday 34 (Years)

16. Color or race White  
17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Marquette  
(State or country) Michigan

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Texas

13. Occupation Office Clerk  
Nature of Industry Copper Smelter

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother <u>2</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was stillborn at 9:30 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 J. J. J. J.  
(Physician or midwife)

Given name added from supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_  
Filed July 20 1929 Registrar R. E. King

Remarks: 8 mos. death in utero 2 days before birth