

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

State File No. 542
Registered No. 542

173

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. Miami Inspection Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Jean Shipp (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 22 1929
Month Day Year

8. FATHER
Full name Lester Harvell Shipp

14. MOTHER
Full maiden name Imogene Tankersley

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

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If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 28 (Years)

16. Color or race White 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) _____
(State or country) Texas

18. Birthplace (city or place) _____
(State or country) Texas

13. Occupation Electrician helper
Nature of industry Construction Copper mine

19. Occupation Housewife
Nature of industry _____

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 1
(b) Born alive but now dead 1
(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 alive at 10 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. Miller
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____

Filed Nov 30 29 19 29 Registrar _____

227-1122-938