

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

State File No. 127  
563  
Registered No.

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Miami Inap. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution give its NAME instead of street and number)

2. Full name of child Norine Lee Pierce { 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 7. Date of birth Dec. 2 - 1929  
Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER  
Full name John King Pierce Jr.  
9. Residence 901 1/2 Keegan St  
(Usual place of abode) Miami, Ariz.  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Grace Elizabeth Hawley  
15. Residence 901 1/2 Keegan St  
(Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 27 (Years)

16. Color or race Cauc. 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Roswell  
(State or country) New Mex.

18. Birthplace (city or place) Albuquerque  
(State or country) New Mex.

13. Occupation Machinist  
Nature of industry Mining

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

20. Number of children of this mother 1st } (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 0  
(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 10:45 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 Leyril M. Teron M.D.  
Physician (Physician or midwife)

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

Filed Dec 12 29 Registrar C. E. Jones

575-1202-788 Registrar