

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 160

Registered No. 590

1. PLACE OF BIRTH

County Pima State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Norma Lee Bedilion { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</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>Dec 20 1929</u> Month Day Year
		5. No., in order of birth.....		

8. FATHER
Full name Ray Luther Bedilion

14. MOTHER
Full maiden name Estelle Martha Stone

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

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11. Age at last birthday 40 (Years)

17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Los Angeles
(State or country) California

18. Birthplace (city or place) Boston
(State or country) Massachusetts

13. Occupation Business, Loan
Nature of industry

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 2
(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 alive at 3:30 P. m, on the date above stated.
(Born alive or stillborn)

Signature F. J. Miller
(Physician or midwife)

Given name added from a supplemental report. Address Miami, Arizona

Month, day, year _____
Registrar. Filed Jan 7, 1930 Registrar J. E. King

525-1220-505