

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. **337 229**  
Registered No. **1306**

1. PLACE OF BIRTH

County Pima State Arizona

Township \_\_\_\_\_ or Village \_\_\_\_\_

City Tucson No. St. Mary's Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Patricia Nell (If child is not yet named, make supplemental report, as directed)

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate?	8. Date of birth <u>12-20-32</u>
		5. Number, in order of birth	Full term <u>Yes</u>	<u>Yes</u>	(Month, day, year)

9. Full name Norman S. Nell FATHER

18. Full maiden name Pauline Kitt MOTHER

10. Residence (usual place of abode) P. O. Box 2427 Tucson, Ariz.  
(If non-resident, give place and State)

19. Residence (usual place of abode) 2427 Tucson, Ariz.  
(If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 29 (Years)

20. Color or race W. 21. Age at last birthday 26 (Years)

13. Birthplace (city or place) Seattle, Wash.  
(State or country)

22. Birthplace (city or place) Tucson, Ariz.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Atty.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_

27. Number of children of this mother 3  
(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ (months or weeks) 29. Cause of stillbirth \_\_\_\_\_  
(Before labor) \_\_\_\_\_  
(During labor) \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:05A m. on the date above stated  
(Born alive or stillborn)

(Signed) [Signature] M.D.

Given named added from \_\_\_\_\_ or \_\_\_\_\_  
a supplemental report \_\_\_\_\_

Address 129 So. Scott, Tucson, Ariz.  
Filed Dec. 30, 1932 Heurs W. Howard, M.D. Registrar.

(Date of) 783-1220-723  
Registrar.

Number of each in order of birth stated.