

PLACE OF BIRTH

1. County of Glila

District of _____

Town of Miami

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 130County Registrar No. 66

Local Registrar No. _____

St. _____ Ward _____

2. Full name of child Mary Amanda Beard } 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 Feb. 10 - 1927. Month day year8. FATHER
Full name Nelson Lee Beard9. Residence (Usual place of abode) Claypool, Ariz.
If nonresident, give place and state10. Color or race Cauc.12. Birthplace (city or place) Uvalde Co., Texas
(State or country)13. Occupation Repair man
Nature of industry Mining20. Number of children of this mother 1
(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 _____
(c) Stillborn _____14. MOTHER
Full maiden name Grace Pouth15. Residence (Usual place of abode) Claypool, Arizona
If nonresident, give place and state16. Color or race Cauc.18. Birthplace (city or place) Utopia, Texas
(State or country)19. Occupation Housewife
Nature of industry21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *25

I hereby certify that I attended the birth of this child, who was born at 10 A.M. on the date above stated.
(Born alive or stillborn.)Signature Byril M. Brown, M.D.
(Physician or midwife)Address Miami, ArizonaGiven name added from a supplemental report _____
Month, day, year. _____
Filed Feb 7, 1927 Lo E. Dwin
Local Registrar.

Registrar.

Filed _____ 19____ County Registrar.

474-210-798

the number of each

birth status.