

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

State File No. 615
 Registered No. 20613

1. PLACE OF BIRTH

County Yavapai State Arizona
 District or Township Prescott or Village _____
 City Prescott No. 121 N. 1st St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Richard Edward Beach (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Feb 18, 1927
 Month Day Year

8. FATHER
 Full name John Wesley Beach
 9. Residence Prescott, Ariz.
(Usual place of abode)
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Carolyn Gay
 15. Residence Prescott, Ariz.
(Usual place of abode)
 If non-resident, give place and state.

10. Color or race White
 11. Age at last birthday 33 (Years)

16. Color or race White
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Maryland
(State or country)

18. Birthplace (city or place) Arizona
(State or country)

13. Occupation clock
 Nature of industry

19. Occupation housewife
 Nature of industry

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living two
 (b) Born alive but now dead none
 (c) Stillborn none
 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 Feb 18, 1927 at 6:30 a.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 [Signature]
Prescott, Ariz.
(Physician or midwife)

Given name added from a supplemental report _____
 Address _____
 Registrar [Signature] Filed _____ 19 _____ Registrar _____

N. B.—In case of above birth one child

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