

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 151

Registered No. 169

1. PLACE OF BIRTH

County Gila 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 Richard Rhea Beard } If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
		5. No., in order of birth _____	7. Date of birth <u>April 4 1930</u> Month Day Year

8. FATHER
Full name Lee Lloyd Beard

9. Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 44 (Years)

12. Birthplace (city or place) Eastland
(State or country) Texas

13. Occupation Watchman Radio Operator
Nature of Industry Copper mine

14. MOTHER
Full maiden name Charlotte Parvin Hill

15. Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state.

16. Color or race white

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Eastland
(State or country) Texas

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 4 } (a) Born alive and now living 4
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 5:45 a.m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Miller
M.D.
(Physician or midwife.)

Given name added from a supplement report _____ Address Miami, Arizona

Month, day, year 9 24 - 404 - 383 Filed Apr 17 1930 Registrar [Signature]