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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 593

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village P.O. Box 151 - Claypool, Arizona

City Miami No. Miami Insp Hospital St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carl Ray Besner } 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 | 5. No., in order of birth | 6. Legitimate? yes | 7. Date of birth Oct. 24 - 1930 (Month Day Year)

8. FATHER

Full name William Webster Besner

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Cauc. | 11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Safford (State or country) Arizona

13. Occupation Fireman

Nature of Industry Mining

14. MOTHER

Full maiden name Dorothy Clay

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16. Color or race Cauc. | 17. Age at last birthday 20 (Years)

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

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 1

(a) Born alive and now living 1

(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 born alive at 10:30 P.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 Cyril M. Crow M.D.

(Physician or midwife.)

Given name added from a supplementl report Month, day, year

Address Miami, Arizona

Registrar.

Filed Nov 1 X 19 30 C. E. [illegible] Registrar.

329-1024-438

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.