PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 76

Registered No. 79

County Gila State Arizona Arizona

Township Miami or Village

No. Hill St. St. Ward

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

Full name of child John Irwin Bearss

(If child is not yet named, make supplemental report, as directed)

Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth Feb 10 (Month, day, year) 19 33

FATHER

Full name Otto Clark Bearss

Residence (usual place of abode) (If non-resident, give place and State) Miami

Color or race Wh | 12. Age at last birthday 35 (Years)

Birthplace (city or place) Luna

(State or country) New Mexico

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

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

Date (month and year) last engaged in this work 19 | 17. Total time (years) spent in this work

MOTHER

16. Full maiden name Velma Rae

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

20. Color or race Wh | 21. Age at last birthday 24 (Years)

22. Birthplace (city or place) Talpa

(State or country) Texas

OCCUPATION

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

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

25. Date (month and year) last engaged in this work 19 | 26. Total time (years) spent in this work

Number of children of this mother (including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

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 1040 A.M. on the date above stated

(Born alive or stillborn)

If there was no attending physician or midwife, then the father, householder, or owner should make this return.

(Signed) Edward E. Irvin M. D.

or Midwife

Address Miami Arizona

Name added from supplemental report (Date of)

Filed Feb 11 19 33 C. E. Ellison Registrar.

129-210-593 Registrar.

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