

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

State File No. 79

STANDARD CERTIFICATE OF BIRTH

Registered No. 13

County Gila State Arizona

Township \_\_\_\_\_ or Village \_\_\_\_\_

City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_  
(If birth occurred in hospital or institution, give its NAME instead of street and number)

Full name of child Estanislado Tomas Beard If child is not yet named, make supplemental report, as directed

Sex Male if plural births 4. Twin, triplet, or other \_\_\_\_\_ 5. Premature Yes 6. Legitimate? Yes 7. Date of birth Mar 9 1933  
(Month, day, year)

FATHER  
 Full name Estanislado Beard

MOTHER  
 Full name Carmen Amesty

Residence (usual place of abode) Hayden  
(if non-resident, give place and State)

18. Residence (usual place of abode) Hayden  
(if non-resident, give place and State)

Color of hair Black 12. Age at last birthday 23 (Years)

20. Color of hair Black 21. Age at last birthday 7 (Years)

Birthplace (city or place) Pleasanton  
(State or country) Arizona

22. Birthplace (city or place) Miami  
(State or country) Fla.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

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

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

If 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 \_\_\_\_\_ at 5:20 p. m. on the date above stated  
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or should make this return \_\_\_\_\_  
526-309-314  
(Date of)

(Signed) Charles H. Hurst M.D.  
 or \_\_\_\_\_ Midwife  
 Address Hayden, Ariz.  
 Filed Mar 19, 1933 W. J. H. L. Registrar.