WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 430a

Registered No. .....

1. PLACE OF BIRTH

County Maricopa State ARIZONA

Township ..... or Village .....

City Chandler No. ..... St. ..... Ward

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

2. Full name of child Beuford Clifford Faultner { If child is not yet named, make supplemental report, as directed

3. Sex Male | If plural births { 4. Twin, triplets, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Is mother married? yes | 8. Date of birth Oct. 24, 1937 (Month, day, year)

FATHER

9. Full name Beuford Faultner

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

11. Color or race White | 12. Age at last birthday 29 (Years)

13. Birthplace (city or place) (State or Country) Kansas

OCCUPATION

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

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

16. Date (month and year) last engaged in this work Oct. 24, 1937 | 17. Total time (years) spent in this work All life

MOTHER

18. Full maiden name Bonnie Downs

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

20. Color or race White | 21. Age at last birthday 28 (Years)

22. Birthplace (city or place) (State or Country) Shawnee County, Oklahoma

OCCUPATION

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

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

25. Date (month and year) last engaged in this work Oct. 24, 1937 | 26. Total time (years) spent in this work All life

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living four (b) Born alive but now dead none (c) Stillborn none

28. 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 born alive (Born alive or stillborn) at 4:15 p. m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) K. M. Gilbert, M. D.

or ....., Midwife

Address Chandler Ariz

Given name added from a supplemental report ..... (Date of)

269-1024-242 Registrar.

Filed 2-23, 1938 Jas. M. Dawson Registrar.

20M 1-8-36 Form No. 2 MS—100 Rag