

1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 157Registered No. 107

STANDARD CERTIFICATE OF BIRTH

County Cocconino State ARIZONATownship Flagstaff No. City Hospital or Village City Hospital WardCity Flagstaff No. City Hospital St. City Hospital Ward

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

2. Full name of child BEVERLY JEAN AUSTIN { If child is not yet named, make supplemental report, as directed3. Sex female If plural births { 4. Twin, triplets, or other 6. Premature Full term 7. Is mother married? yes 8. Date of birth July 29, 1938 (Month, day, year)9. Full name Arthur Eugene Austin FATHER18. Full maiden name Lois Winifred McCuddin MOTHER10. Residence (usual place of abode) (If non-resident, give place and State) Flagstaff, Ariz19. Residence (usual place of abode) (If non-resident, give place and State) Flagstaff, Ariz11. Color or race white 12. Age at last birthday 21 (Years)20. Color or race white 21. Age at last birthday 18 (Years)13. Birthplace (city or place) (State or Country) Texas22. Birthplace (city or place) (State or Country) Sioux City Iowa14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Battler23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Battling Works24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home16. Date (month and year) last engaged in this work now 19.....25. Date (month and year) last engaged in this work now, 19..... 26. Total time (years) spent in this work 127. 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 0 (c) Stillborn 0

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 at 8 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. }

(Signed) Conrad C. Crighton, M. D.

or Midwife

Given name added from a supplemental report

Address Flagstaff, ArizonaFiled July 30, 1938 Shermann Registrar.

Registrar.