

1887

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

PLACE OF BIRTH:

County Gila State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Sex Female *If plural births* { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? \_\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ 8. Date of birth Aug. 29, 1887 193  
(Month, day, year)

FATHER  
Full name Alvin BEACH

Residence (usual place of abode)  
(If nonresident, give place and State) \_\_\_\_\_

Color or race \_\_\_\_\_ 12. Age at last birthday \_\_\_\_\_ (years)  
Birthplace (city or place and State or country): \_\_\_\_\_

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

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

16. Date (month and year) last engaged in this work \_\_\_\_\_ 193  
17. Total time (years) spent in this work \_\_\_\_\_

MOTHER  
18. Full maiden name \_\_\_\_\_

19. Residence (usual place of abode)  
(If nonresident, give place and State) \_\_\_\_\_

20. Color or race \_\_\_\_\_ 21. Age at last birthday \_\_\_\_\_ (years)  
22. Birthplace (city or place and State or country): \_\_\_\_\_

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

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 \_\_\_\_\_ 193  
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 \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

29. Cause of stillbirth \_\_\_\_\_ (Before labor \_\_\_\_\_ During labor \_\_\_\_\_)

**report** CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated

(Born alive or stillborn)  
(Signed) A. Beach M. D.  
or \_\_\_\_\_ Midwife  
Address \_\_\_\_\_  
Filed 9-28-1887 193

Registrar

Registrar

28-419-1