

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

PLACE OF BIRTH:

County Gila State ARIZONA
Township _____ or Village _____
City Payson No. _____

Registered No. _____

Full name of child BEARD (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

Sex Female *If plural births* { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth Feb. 2, 1892 1993
5. Number, in order of birth _____ Full term _____

Full name J. W. Beard FATHER

18. Full maiden name M. E. Beard MOTHER

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

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

Color or race _____ 12. Age at last birthday _____ (years)

20. Color or race _____ 21. Age at last birthday _____ (years)

Birthplace (city or place and State or country): _____

22. Birthplace (city or place and State or country): _____

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

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

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

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

16. Date (month and year) last engaged in this work _____ 1993

25. Date (month and year) last engaged in this work _____ 1993

17. Total time (years) spent 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 _____ (b) Born alive but now dead _____ (c) Stillborn _____

If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor _____ During labor _____

I hereby certify that report the birth of this child, who was _____ (Born alive or stillborn) at _____ m. on the date above stated.

(Signed) _____ M. D.
or J. W. Beard Midwife
Address _____

When there was no attending physician or midwife, then the father, householder, should make this return.
Name added from supplemental report _____ (Date of) _____
Filed 2-6-1892 1993
Registrar _____

124-202-424