

2556

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 78

1. PLACE OF BIRTH

County Gila State ARIZONA

Township _____ or Village _____

City Payson No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elwin Fletcher Beard (If child is not yet named, make supplemental report, as directed)

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term Yes 7. Is mother married? Yes 8. Date of birth July 24th, 1904
(Month, day, year)

9. Full name FATHER John Delar Fletcher Beard

18. Full maiden name MOTHER Nellie May Pyle

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

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

11. Color or race White 12. Age at last birthday 32 (Years)

20. Color or race White 21. Age at last birthday 24 (Years)

13. Birthplace (city or place) (State or country) Mississippi

22. Birthplace (city or place) (State or country) Larned Kansas

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

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

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. Own Home

16. Date (month and year) last engaged in this work July, 1904 17. Total time (years) spent in this work Ten

25. Date (month and year) last engaged in this work July, 1904 26. Total time (years) spent in this work Seven

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Two (b) Born alive but now dead _____ (c) Stillborn _____

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 Six A.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) _____ M. D.

or Mrs P.C. Haight Midwife

Address Payson, Arizona

Filed June 12th, 1936 G. S. Manning Registrar

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

Registrar.

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