2612

1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 79

County Gila State ARIZONA

Township _____ or Village _____

City Payson No. _____ Se. _____ Ward

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

2. Full name of child Valda May Beard { If child is not yet named, make supplemental report, as directed

3. Sex Female | 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 Oct. 3, 1906 (Month, day, year)

FATHER

9. Full name John Delar Fletcher Beard

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

11. Color or race White | 12. Age at last birthday 34 (Years)

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

OCCUPATION

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

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

16. Date (month and year) last engaged in this work Oct 3 rd, 1906 | 17. Total time (years) spent in this work One

MOTHER

18. Full maiden name Nellie May Pyle

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

20. Color or race White | 21. Age at last birthday 26 (Years)

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

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 Sept, 1906 | 26. Total time (years) spent in this work Nine

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Three (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 or stillborn) at _____ m. on the date above stated

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

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

_____ Registrar.

(Signed) _____, M. D.

or Sarah C. Pyle, Midwife

Address Payson Ariz

Filed June 25, 1936 G. F. Manning Registrar.

10M 7-19-35 Form No. 2 MS