[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 76

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: Catherine Leora 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: Jan 23rd., 1909 (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: 36 (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: Jan 23, 1909

17. Total time (years) spent in this work: Three

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: 28 (Years)

22. Birthplace (city or place) _____ (State or country): Larned 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: Jan, 1908

26. Total time (years) spent in this work: Eleven

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: Four (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, Arizona

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

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

224-123-075