

OF BIRTH

Pisa

Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. **113**

Co. Registrar No. **101**

Local Registrar No. _____

No. **407 Wentworth Ave**

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

Full name of child **Ina Frances Beach** } If child is not yet named, make supplemental report, as directed

3. Sex of child **female** To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? **Yes** 7. Date of birth **February 10, 1923** (Month, day, year)

8. FATHER Full name **Thomas Jefferson Beach**

14. MOTHER Full maiden name **Francis Aileen Anthony**

9. Residence (Usual place of abode) **Miami Arizona** If nonresident, give place and State

15. Residence (Usual place of abode) **Miami Arizona** If nonresident, give place and State

10. Color or race **White** 11. Age at last birthday **26** (Years)

16. Color or race **W** 17. Age at last birthday **19** (Years)

12. Birthplace (city or place) **Arizona** (State or country)

18. Birthplace (city or place) **Texas** (State or country)

13. Occupation **Auto truck driver** Nature of Industry

19. Occupation **Housewife** Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living **2** (b) Born alive but now dead **0** (c) Stillborn **0**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **alive** at **4:50 p.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. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature **Francis** (Physician or midwife)

Address **Miami, Arizona**

Given name added from a supplemental report (Month, day, year)

Filed **Feb 28**, 19**23** **Charles E. Iron** Local Registrar.

128-210-618 Registrar.

Filed **3/5**, 19**23** **R. J. Fox** County Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth, a SEPARATE REPORT FOR EACH CHILD, giving the number of each, in order of birth, is required.