

1929

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa

District of \_\_\_\_\_

Town of Parrish

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 210

County Registrar No. 255

Local Registrar No. 219

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

2. Full name of child Beals 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 11 15 23  
Month Day Year

8. FATHER  
Full name R.F. Beals

14. MOTHER  
Full maiden name E.F. Dyer

9. Residence (Usual place of abode)  
If nonresident, give place and state Tenn

15. Residence (Usual place of abode)  
If nonresident, give place and state Parrish Ariz

10. Color or race White 11. Age at last birthday 40 (Years)

16. Color or race White 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Tenn  
(State or country)

18. Birthplace (city or place) Ariz  
(State or country)

13. Occupation  
Nature of industry Rancher

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 12 A m. on the date above stated.  
(Born alive or otherwise.)

\*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 J.W. Morris (Physician or midwife)

Address Parrish

Given name added from supplemental report \_\_\_\_\_  
Month, day, year.

Filed Dec 8, 1923 Hattie W. Schump Registrar.

Filed Dec 8, 1923 D. Scott Schump County Registrar.

Registrar.

022-1115-649