

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma
District of _____
Town of Miami
or _____
City of _____

2. Full name of child Della Mae Beebe
(If birth occurred in a hospital or institution give its NAME instead of street and number) No. M. + J. Hospital St. _____ Ward _____
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. 1 6. Legitimate? yes 7. Date of birth Feb. 15-1924
Month Day Year

8. FATHER Full name <u>Calvin Jack Beebe</u>		14. MOTHER Full maiden name <u>Cathleen G. Willis</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>27</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Safford, Arizona</u> (State or country)		18. Birthplace (city or place) <u>Twin Falls, Idaho</u> (State or country)	
13. Occupation Nature of industry <u>Chauffeur</u>		19. Occupation Nature of industry <u>Housewife</u>	
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. <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 2 P. m. on the date above stated.

*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 C. M. Cron M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from _____
a supplemental report _____ Month, day, year.

Filed Feb 31 1924 _____ Local Registrar.
Filed 4-5 1924 _____ County Registrar.

425-215-362