

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

PLACE OF BIRTH

1. County of Maricopa
District of _____
Town of Chandler
or _____
City of _____ No. _____ St. _____ Ward _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 434
County Registrar No. _____
Local Registrar No. 58

2. Full name of child Unnamed (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male 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 May 22-25
Month Day Year

8. FATHER
Full name Charles M Beckham

14. MOTHER
Full maiden name Lulintilla Spaulock

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

15. Residence (Usual place of abode) Chandler
If nonresident, give place and state Arizona

10. Color or race White 11. Age at last birthday 43 (Years)

16. Color or race White 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) _____
(State or country) Texas

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

13. Occupation
Nature of industry Laborer

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 4
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____
(c) Stillborn 0

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 Alive at 1:55 a.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 M. Jordan
Address Chandler, Arizona

Given name added from a supplemental report _____ Filed 6/14, 1925 Jas M Meason
Month, day, year. Local Registrar.

Registrar. _____ Filed _____, 19____ County Registrar.

024-522-322