

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

State File No. 205
 Registered No. 145

1. PLACE OF BIRTH
 County Gila State Arizona

District or Township _____ or Village _____
 City Miami No. M. + J. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Calvin Reed Beebe Jr. (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 2 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth June 28, 1925
 Month Day Year

8. FATHER
 Full name Calvin Reed Beebe

14. MOTHER
 Full maiden name Catherine Willis

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Ariz.
 If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 27 (Years)

16. Color or race Cauc. 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Safford, Arizona
 (State or country)

18. Birthplace (city or place) Twin Falls, Idaho
 (State or country)

13. Occupation
 Nature of industry Driver

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother: (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
 (Taken as of time of birth of child herein certified and including this child.) 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 1:15 P.m. on the date above stated
(Born alive or stillborn.)

Signature Cyril M. Brown M.D.
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____

Filed July 2, 1925 C. E. Irwin
 Registrar Registrar

322-628-362

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.