

MARGL. 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.

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

State File No. 99  
 Registered No. 263

1. PLACE OF BIRTH

County Maricopa State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Jean Stacy (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 Sept 10, 1951  
 Month Day Year

8. FATHER  
 Full name Wm Clyde Stacy

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

10. Color or race White 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Rock bridge Mo  
 (State or country)

13. Occupation Carpenter  
 Nature of Industry General

14. MOTHER  
 Full maiden name Oliver Ballard

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

16. Color or race White 17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Pima Arizona  
 (State or country)

19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 4  
 (b) Born alive but now dead 0  
 (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 born alive Sept 10 1951 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 Charles E. Dwyer  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami Arizona

Month, day, year 228-910-624  
 Registered Sept 15, 1951 P. E. Dwyer  
 Registrar