

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. 164
Registered No. _____

1. PLACE OF BIRTH
County Gila State _____
District or Township _____ or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Beryl Andrew Farrell { 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 _____ 6. Legitimate? Yes
5. No. in order of birth 1st 7. Date of birth June 16, 28
Month Day Year

8. FATHER
Full name Fred Farrell

14. MOTHER
Full maiden name Rhoda White

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

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

10. Color or race W

11. Age at last birthday 25 (Years)

16. Color or race W

17. Age at last birthday 17 (Years)

12. Birthplace (city or place) N. Mex
(State or country)

18. Birthplace (city or place) N. Mex
(State or country)

13. Occupation
Nature of industry Laborer

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 6
(b) Born alive but now dead 0
(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 alive at 11 9 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 [Signature]

(Physician or midwife).

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

Address Payson Ariz

Registrar _____

Filed _____, 19 _____

Registrar

263-616-965