

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 152
493
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bernice Ann Beach { 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 _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Nov. 10 1928
Month Day Year

8. FATHER
Full name Clyde Herbert Beach

14. MOTHER
Full maiden name Blanche May Haff

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

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If non-resident, give place and state.

10. Color or race White

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11. Age at last birthday 35 (Years)

17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Butler
(State or country) Missouri

18. Birthplace (city or place) Eric
(State or country) Kansas

13. Occupation Solution man, Leeching
Nature of industry plant, Copper mine

19. Occupation Housewife
Nature of industry _____

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 1
(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 alive at 11:15 A m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Miller
_____ (Physician or midwife)

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

Month, day, year _____ Filed Dec 3 19 28 C. C. Junt

Registrar. _____ Registrar.

278-111-246