

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 196
County Registrar No. _____
Local Registrar No. 223

PLACE OF BIRTH
1. County of Lela
District of Globe
Town of _____
or Globe
City of _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Lela Belle Beybee { 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 26 1928
Month Day Year

8. FATHER
Full name William Wesley Beybee

14. MOTHER
Full maiden name Delma Irene Boultinghouse

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

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

10. Color or race White
11. Age at last birthday 29 (Years)

16. Color or race White
17. Age at last birthday 26 (Years)

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

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

13. Occupation motor helper
Nature of industry O.D. 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 3
(b) Born alive but now dead 1
(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 at 8:00 p.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 Paul J. ... (Physician or midwife.)
Address Globe Ariz.

Given name added from a supplemental report _____ Filed 12/10, 1928 G. E. Wajshman Local Registrar.

Month, day, year _____ Filed _____, 19____ Registrar _____ County Registrar _____

325-1126-425