

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

State File No. 180

Registered No. 89

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Rayden No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William Henry Beard (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

7. Date of birth Dec 26 1928
Month Day Year

5. No., in order of birth _____

8. FATHER Full name Byron L Beard

14. MOTHER Full maiden name Blanch Leeway

9. Residence (Usual place of abode) Rayden
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 30 (Years)

17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Arroyo
(State or country) Ill.

18. Birthplace (city or place) Arroyo
(State or country) Ill.

13. Occupation Chemist
Nature of industry

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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 2
(b) Born alive but now dead _____
(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 _____ at 4:30 m. on the date above stated.

* 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 H. Husted (Born alive or stillborn) _____

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

Address Hayden Arizona

Filed Dec 29, 1928 W. T. Nash Registrar

Registrar

Registrar

624-1226-238