

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

State File No. 122
 Local Registrar's No. 9

1. PLACE OF BIRTH
 County Gila State _____
 District or Township _____ or Village _____
 City Hayden No. _____ St. _____

2. Full name of child Un named Bealy (If birth occurred in a hospital or institution, give its NAME instead of street and number. 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. Legitimate? Yes
 7. Date of birth Feb 6 1929
 Month Day Year

8. FATHER
 Full name Walter Bealy
 9. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Hazel Combs
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

10. Color of race White
 11. Age at last birthday 24 (Years)

16. Color of race White
 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) French Rich
 (State or country) Indiana
 13. Occupation Painter
 Nature of industry

18. Birthplace (city or place) _____
 (State or country) Martin Co. Ind.
 19. Occupation Home wife
 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 _____
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive stillborn) at 12 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 Stewart

Given name added from a supplemental report _____ Address Hayden, Arizona (Physician or midwife)

Month, day, year _____ Filed Feb 9th 1929 Registrar W. J. Paul

Registrar 028-206-832

MARGIN 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.