

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

State File No. 162a  
Registered No. 101

1. PLACE OF BIRTH

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

2. Full name of child Lester Olin Beesley  
(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 \_\_\_\_\_ 5. Legitimate? yes  
6. Date of birth Feb. 17 - 1929  
Month Day Year

8. FATHER  
Full name Lester S. Beesley  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
10. Color or race Cauc.  
11. Age at last birthday 25 (Years)  
12. Birthplace (city or place) West Plains, Mo.  
(State or country)  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Marie C. Pippy  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
16. Color or race Cauc.  
17. Age at last birthday 26 (Years)  
18. Birthplace (city or place) Strong City, Okla.  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 2  
(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 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 3 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 Byrd M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Address Miami, Arizona  
Month, day, year \_\_\_\_\_  
Filed March 29 1929 C. E. Davis  
Registrar

328-217-498