

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E. 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.

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

State File No. 166  
Registered No. 195

**1. PLACE OF BIRTH**

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

2. Full name of child Curt Houston Evans { 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. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Apr. 19-1929  
Month Day Year

**8. FATHER**  
Full name Curtis John Evans  
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 21 (Years)

12. Birthplace (city or place) Safford  
(State or country) Arizona

13. Occupation  
Nature of Industry Miner

**14. MOTHER**  
Full maiden name Edna Lena Beesley  
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 16 (Years)

18. Birthplace (city or place) Mc Cloud  
(State or country) Okla.

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 1 (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 born alive at 9:45 A.M. on the date above stated.  
(Born alive or stillborn.)

Signature Cyril M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed May 10, 1929 E. E. Tomi  
Registrar Registrar

352-419-528