

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

126
State File No. 517
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 835 Merritt St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Walter Eugene Bearup { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be assigned ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 5. No., as order of birth _____ 7. Date of birth Nov. 6 - 1929
Month Day Year

8. FATHER
Full name Ralph Eugene Bearup
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Verlyn Elden Pinson
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 24 (Years)

16. Color or race Cauc. 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Mongollon, New Mex.
(State or country)

18. Birthplace (city or place) Astec, New Mex.
(State or country)

13. Occupation
Nature of industry miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 1st } (a) Born alive and now living 1
(Taken as of time of birth of child certified and including this child.) } (b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. 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 Nov 15, 1929 Registrar E. G. Jones

Registrar _____ Registrar _____
6-17-1106-575