PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

State Index No. 1336 ~~84~~

County Registrar No. 86

Local Registrar No.

No. 1038 Adonis Ave., St., Ward

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

2. Full name of child Jacqueline Williams { 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. No., in order of birth | 6. Legitimate? yes | 7. Date of birth Feb 11 1927 (Month Day Year)

8. FATHER

Full name John Russell Williams

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 55 (Years)

12. Birthplace (city or place)

(State or country) Texas

13. Occupation Stage line manager

Nature of industry (service cars)

14. MOTHER

Full maiden name Bessie Laura Wilson

15 Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

16 Color or race White | 17. Age at last birthday 44 (Years)

18. Birthplace (city or place)

(State or country) Texas

19. Occupation Housewife

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 2

(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 alive (Born alive ~~or stillborn.~~) at 8:48 A 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 F. F. Miller (Physician ~~or midwife~~)

Address Miami, Arizona

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

Filed Mch 12, 1927 C. E. Irvin Local Registrar.

Registrar

Filed , 19

County Registrar.

162-211-265