

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

State File No. 532  
 Registered No. 532

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 50 Warrior Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Clifton Madison Langham Jr. (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 Dec. 5 - 1927  
 Month Day Year

**8. FATHER**  
 Full name Clifton Madison Langham  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 10. Color or race Cauc.  
 11. Age at last birthday 35 (Years)  
 12. Birthplace (city or place) Winnabow, Texas  
 (State or country)  
 13. Occupation Switchboard operator  
 Nature of industry Power House - Smelter  
 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 4  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

**14. MOTHER**  
 Full maiden name Wilma Autrey  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 16. Color or race Cauc.  
 17. Age at last birthday 28 (Years)  
 18. Birthplace (city or place) Alico, Texas  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_  
 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 8:20 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 \_\_\_\_\_ Filled Dec 22 19 27 Le. E. King  
 Registrar Registrar

334-1205-618

\* 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.