

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

State File No. 462  
 Registered No. 78

**1. PLACE OF BIRTH**

County Gila State Ariz.  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Cecil John Williams (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. 9, 1930  
 Month Day Year

8. FATHER  
 Full name Reagon Williams

14. MOTHER  
 Full maiden name Mary Harriet Brown

9. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.

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

16. Color or race white 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Athens Tex.  
 (State or country)

18. Birthplace (city or place) Safford Ariz.  
 (State or country)

13. Occupation miner  
 Nature of industry

19. Occupation housewife  
 Nature of industry

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 3  
 (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 6:50 PM on the date above stated.  
 (Born alive or stillborn.)

Signature T. S. Harper  
 \_\_\_\_\_  
 \_\_\_\_\_ (Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona  
 Filed 5/12 1930 W. E. Neighbors Registrar

ORDER OF BIRTH STATISTICAL

362-409-425  
 Registrar