ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 138

Registered No. 6

1. PLACE OF BIRTH

County Gila State Ariz

District or Township or Village

City Globe No. East Globe St. Ward

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

2. Full name of child Inez 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 Jan. 7 1931 (Month Day Year)

8. FATHER

Full name Lawrence Williams

9. Residence (Usual place of abode) Globe

If non-resident, give place and state.

10. Color or race Indian

11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Arizona

(State or country)

13. Occupation

Nature of Industry Works in Store

14. MOTHER

Full maiden name Mary Reeder

15. Residence (Usual place of abode)

If non-resident, give place and state. Ariz.

16. Color or race Indian

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Ariz

(State or country)

19. Occupation

Nature of Industry None

20. Number of children of this mother 2

(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 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 Alive at 1:30 a.m. on the date above stated.

(Born alive or stillborn.)

* 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 C. Quinter

(Physician or ~~Midwife~~)

Given name added from a supplemental report

Month, day, year

Address

Registrar

Filed 2/9, 1931 L. E. Wightman Jr.

Registrar

962-107-499

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.