ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 162

Registered No. 66

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 914 Keegan St. St. ..... Ward

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

2. Full name of child Barbara Jean 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 Mch. 6 1931 (Month Day Year)

FATHER	MOTHER
8. Full name Rupert Carl Williams	14. Full maiden name Irene Myrtle Moore
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona	If non-resident, give place and state. Arizona
10. Color or race Cauc.	16. Color or race Cauc.
11. Age at last birthday 26 (Years)	17. Age at last birthday 23 (Years)
12. Birthplace (city or place) Clifton (State or country) Arizona	18. Birthplace (city or place) Chicago (State or country) Ill.
13. Occupation Nature of Industry Pharmacist	19. Occupation Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 2 (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 born alive (Born alive or ~~stillborn~~) at 7:10 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 Cyril M. Crow M.D. (Physician or ~~midwife~~)

Address Miami, Arizona

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

Registrar.

Filed Mch 17 1931 C. E. [illegible] Registrar.

262-306-945