ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 126

Registered No. 119

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P. O. Box 466 - Miami

City Miami No. Miami - Insp. Hospital St., ... Ward

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

2. Full name of child William Lyle Cathcart } 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. 16 - 1931. Month Day Year

FATHER	MOTHER
8. Full name William G. Cathcart	14. Full maiden name Marcia Adams
9. Residence (Usual place of abode) Miami. If non-resident, give place and state. Arizona	15. Residence (Usual place of abode) Miami If non-resident, give place and state. Arizona
10. Color or race Cauc. 11. Age at last birthday 25 (Years)	16. Color or race Cauc. 17. Age at last birthday 23 (Years)
12. Birthplace (city or place) Harvey Co. (State or country) Kansas	18. Birthplace (city or place) Central (State or country) Arizona
13. Occupation Nature of Industry Mining	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.) 1 } (a) Born alive and now living 1 (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 2:25 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 Cyril M. Cron M.D. (Physician or ~~midwife~~.)

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

Address Miami, Arizona

Filed Apr 25 1931 C. E. [illegible] Registrar.

Registrar.

633-416-412

each in order of birth stated.