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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 149

Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village: Rural Route No. 1

City: Miami No. 10 Van Winkle Canon Ward

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

2. Full name of child: William Eldred Chapman (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: May 2 - 1931 (Month, Day, Year)

FATHER

8. Full name: Charles Chapman

9. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

10. Color or race: Canc.

11. Age at last birthday: 39 (Years)

12. Birthplace (city or place): Cornwall

(State or country): England

13. Occupation: Motorman

Nature of industry: Mining

MOTHER

14. Full maiden name: Florence P. Williams

15. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

16. Color or race: Canc.

17. Age at last birthday: 31 (Years)

18. Birthplace (city or place): Cornwall

(State or country): England

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother (Taken as of time of birth of child hereto certified and including this child.) 5

(a) Born alive and now living: 5

(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 11 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

Filed May 12, 1931 C. E. [illegible] Registrar

Registrar

635-502662