order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 84

Registered No. 9

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village P. O. Box 182 - Claypool, Ariz.

City Miami No. 25 Live Oak Hill St. Ward

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

2. Full name of child Leo Ray 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 Jan. 3 - 1932 (Month Day Year)

8. FATHER

Full name Samoa Williams

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race Cauc. | 11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Safford, Arizona (State or country)

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Olive Agatha Layton

15. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

16. Color or race Cauc. | 17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Safford, Arizona (State or country)

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.) 6

(a) Born alive and now living 6

(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 10 53 P. 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)

362-103-635 Registrar

Filed Jan 10 1932 C. E. Irwin Registrar