

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. **98**

Registered No. **62**

**1. PLACE OF BIRTH**

County Mila State Arizona  
 District or Township \_\_\_\_\_ or Village P. O. Box 888 - Miami Ariz.  
 City Miami No. 18 Cottonwood St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bessie Charlene Langham (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 \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Mar. 3 - 1932  
Month Day Year

**8. FATHER**  
 Full name Charles Porter Langham  
 9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

**14. MOTHER**  
 Full maiden name Alta May Pair  
 15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 47 (Years)

16. Color or race Cauc. 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Cherokee Co., Texas  
(State or country)

18. Birthplace (city or place) Denton, Texas  
(State or country)

13. Occupation  
 Nature of Industry Miner

19. Occupation  
 Nature of Industry Housewife

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 born alive at 2:30 a. m. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Crow M. D. (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Mar 11, 1932 O. E. Isman Registrar

234-303-179

N. E.—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, appear on the separate return. THIS IS A PERMANENT RECORD WITH UNFADING INK.