ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 87

Registered No.

County Gila State Arizona

Township Young or Village

City No. St. Ward

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

2. Full name of child Daniel Alfred Williams (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? yes | 8. Date of birth Sept 19, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Daniel Augustus Williams	18. Full maiden name Jewel Amanda Williams
10. Residence (usual place of abode) (If nonresident, give place and State) Young Ariz	19. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race White 12. Age at last birthday 49 (Years)	20. Color or race White 21. Age at last birthday 28 (Years)
13. Birthplace (city or place) Seven Rivers (State or country) New Mex	22. Birthplace (city or place) Clay (State or country) New Mex
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn

28. If stillborn, period of gestation (months or weeks) | 29. Cause of stillbirth | Before labor | During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 29 m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Grace H. Pruson, M.D.

or Midwife

Address Young Arizona

Filed 9-19, 1933 Ora Young Registrar

Given name added from a supplemental report (Date of)

Registrar.

462-9/19-162

In order of birth stated.