ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 887

Registered No. 59

Arizona

1. PLACE OF BIRTH

County: Coconino State: Arizona

Township: Williams or Village:

City: Williams No. St. Ward

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

2. Full name of child: William John Newton (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: No Full term: Yes | 7. Legitimate: Yes | 8. Date of birth: 8-14-1934 (Month, day, year), 19

FATHER	MOTHER
9. Full name: William Rex Newton	18. Full maiden name: Estella Mary Owings
10. Residence (usual place of abode) (If non-resident, give place and State): Williams, Ariz.	19. Residence (usual place of abode) (If non-resident, give place and State): Williams, Arizona.
11. Color or race: White; 12. Age at last birthday: 25 (Years)	20. Color or race: White; 21. Age at last birthday: 19 (Years)
13. Birthplace (city or place): Houston; (State or country): Texas	22. Birthplace (city or place): Eagle City; (State or country): Oklohoma
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dishwasher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeepeer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Gaddis Restaurant	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Aug. 1934, 19; 17. Total time (years) spent in this work: 3 yrs	25. Date (month and year) last engaged in this work: Aug. 1934, 19; 26. Total time (years) spent in this work: 1 yr

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 1 (b) Born alive but now dead: 0 (c) Stillborn: 0 One

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 Born Alive (Born alive or stillborn) at 11.06 AMm. on the date above stated

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

Given name added from a supplemental report 625-814-560 (Date of)

(Signed) C. D. Jeffries, M. D.

or , Midwife

Address: Williams, Arizona.

Filed 8-19-1934, 19 Dale Jeffries Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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 stated.

10M 2-8-33 M8-47971