

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. **138**  
Registered No. \_\_\_\_\_  
Arizona \_\_\_\_\_

**I. PLACE OF BIRTH**

County Yuma State ARIZONA  
Township \_\_\_\_\_ 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 Glenn Evan Williams (If child is not yet named, make supplemental report, as directed)

3. Sex M If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth July 12<sup>th</sup> 1924  
5. Number, in order of birth 2 Full term No (Month, day, year)

9. FATHER W. Penn Williams

18. MOTHER Jessie N. Hayden

10. Residence (usual place of abode) (If non-resident, give place and State) Payson

19. Residence (usual place of abode) (If non-resident, give place and State) Payson

11. Color or race W 12. Age at last birthday 24 (Years)

20. Color or race W 21. Age at last birthday 21 (Years)

13. Birthplace (city or place) (State or country) Oak Alba

22. Birthplace (city or place) (State or country) Kansas City Mo

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

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. Housewife

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

25. Date (month and year) last engaged 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 3 living (b) Born alive but now dead 2 dead (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 at 1:00 a. m. on the date above stated

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

(Signed) G. H. Laburg, M. D.  
or \_\_\_\_\_, Midwife

Given name added from supplemental report \_\_\_\_\_

Address Payson

762-712-385 (Date of) \_\_\_\_\_ Registrar.

Filed July 15, 1924 G. H. Laburg Registrar.

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.