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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ____

Registered No. 584

1. PLACE OF BIRTH

County Maricopa State ARIZONA

Township ____ or Village ____

City Phoenix No. St Joseph's Hospital St. ____ Ward

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

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

3. Sex female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Married? yes | 8. Date of birth Mar. 25, 1936 (Month, day, year)

FATHER

9. Full name Waldo Emerson Williams

10. Residence (usual place of abode) (If non-resident, give place and State) Rt 1 - Mesa

11. Color or race W. | 12. Age at last birthday 29 (Years)

13. Birthplace (city or place) ____ (State or country) Iowa

OCCUPATION

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Self -

16. Date (month and year) last engaged in this work March 25, 1936 | 17. Total time (years) spent in this work 1 yr.

MOTHER

18. Full maiden name Idell Ferrin

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

20. Color or race W. | 21. Age at last birthday 22 (Years)

22. Birthplace (city or place) Pima (State or country) Arizona

OCCUPATION

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19__ | 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 1 (b) Born alive but now dead 0 (c) Stillborn 0

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 9:22 a.m. 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 362-325-965 (Date of)

(Signed) [signature] M. D.

or ____ Midwife

Address Phoenix

Filed April 10, 1936 Nesi F. Osborn Registrar.

____ Registrar.

10M--9-1-34 FORM No. 2