

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County Yavapai State ARIZONA
Towship _____ of Village Cottonwood
City _____ No. _____ St. _____ Ward _____

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

3. Sex Female 4. Twin, triplets, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Is mother married? yes 8. Date of birth 12-18 1937
(Month, day, year)

9. Full name Archie Williams FATHER
10. Residence (usual place of abode) Cottonwood
(If non-resident, give place and State) Ariz
11. Color or race White 12. Age at last birthday 36 (Years)
13. Birthplace (city or place) Blue Mountain
(State or Country) Arkansas
14. Trade, profession, or particular kind of work done, as planner, lawyer, bookkeeper, etc. Teamster
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name Nina Shergas MOTHER
19. Residence (usual place of abode) Cottonwood
(If non-resident, give place and State) Ariz
20. Color or race White 21. Age at last birthday 29 (Years)
22. Birthplace (city or place) Atter
(State or Country) Oklahoma
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 _____ 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 (b) Born alive but now dead _____ (c) Stillborn _____
28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 P m. on the date above stated
(Born alive or stillborn)

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

(Signed) J. T. Taylor M. D.
or _____ Midwife
Address Cottonwood Ariz
Filed Jan 8 1938 Chas. O. Ireland Registrar

Given name added from a supplemental report 362-1518-525 (Date of) _____

IN ALL CASES OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH CHILD AS A PERMANENT RECORD