384

STANDARD CERTIFICATE OF BIRTH

1. Place of Birth

County Gila State Arizona

City or Town ---

2. Full Name of Child

WILLIAMS, --

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Sex Female Twin? -- Date of Birth Apr.17,1909

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| FATHER | MOTHER |
|---|---|
| Name WILLIAMS, Joseph | ~~Maiden~~ Name WILLIAMS, J.S. |
| or or Race White Age | Color or Race White Age |
| hplace Utah | Birthplace Utah |

Born alive or Stillborn --

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Doctor or Attendant

Filed Apr 25 1909

Registrar

D6[illegible] 162