110

...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. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of _____

District of _____

Town of _____
or
City of _____

ARIZONA STATE B(

BUREAU OF VITAL STATISTIC.

ORIGINAL CERTIFICATE OF BI

~~No.~~

Register No. 106

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Pearl Ronoma Williams { Born / Alive } YES / ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	June 9 1912 (Month) (Day) (yr.)

FATHER		MOTHER	
Full Name	J. E. Williams	Full Maiden Name	Mabel Corica
Residence	467 Tonto St.	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	32 (Years)	Age at last Birthday	27 (Years)
Birthplace	Canfield. Ohio	Birthplace	Struthers, Ohio
Occupation	Mining	Occupation	Housewife

Number of child of this mother 1 | Number of children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 9 1912, at 7 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. J. Sturgeon
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 191__

Address _____

Filed 6/12 1912 B. G. Fox
LOCAL REGISTRAR.

A True Copy

Filed 6/12 1912 B. G. Fox M.D.
COUNTY REGISTRAR.

762-609-431
COUNTY REGISTRAR.