[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 94

Co. Register No. 384

Local Registrar's No. 1

PLACE OF BIRTH

County of Gila

District of Globe

Town of

or

City of

(No. 2½ Miles South St. Ward)

FULL NAME OF CHILD Sarah Ramona Williams Edwards

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 (Month) (Day) (Yr.)
Fl				Y	12 14 1914

FATHER		MOTHER	
Full Name	Augustus F. Williams	Full Maiden Name	Elizabeth J. Edwards
Residence	Pinal Creek	Residence	Pinal Creek
Color or Race	W	Color or Race	W
Age at last Birthday	39 (Years)	Age at last Birthday	39 (Years)
Birthplace	Alabama	Birthplace	Ky.
Occupation	Clerk	Occupation	H. W.

Number of child of this mother 5 | Number of children, of this mother, now living 5 | Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 12/14 1914, at 6 a M.

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

(Signature) [illegible]

(Attending physician, ~~midwife, householder.~~*)

Given or christian name added from a supplemental report 191

Address

Filed Dec 19 1914 B G Fox LOCAL REGISTRAR.

262-1214-552 COUNTY REGISTRAR.

A True Copy

Filed Jan 5 1915 B G Fox COUNTY REGISTRAR

The number of each, as order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.