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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 106

Co. Register No. 100

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

(No. St; Ward)

FULL NAME OF CHILD James Henry 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 (Month) (Day) (Yr.)
Male				Yes	April 2, 1915

FATHER

Full Name James Henry Williams

Residence Miami, Ariz.

Color or Race White

Age at last Birthday 47 (Years)

Birthplace Cornwall, England

Occupation Laborer (machine repairer)

MOTHER

Full Maiden Name Loveday Moyle ~~Loveday Moyle~~

Residence Miami, Ariz.

Color or Race White

Age at last Birthday 43 (Years)

Birthplace Cornwall, England

Occupation Housewife

Number of child of this mother 9

Number of children, of this mother, now living 7

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 April 2, 1915, at 11 P. M.

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

(Signature) T. D. Miller M.D.
(Attending physician, midwife, householder.*)

Address Miami, Ariz.

Given or christian name added from a supplemental report 191

Filed April 9th 1915

John H. Lacy
LOCAL REGISTRAR.

162-402-345
COUNTY REGISTRAR.

Filed May 5 1915

A True Copy B. G. L. of
COUNTY REGISTRAR.

... 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.