1838

Supplement Attached

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127

Co. Register No. 201

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 Baby Williams

Born YES

Alive 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
Male			2nd	Yes	July (Month) 31 (Day) 1915 (Yr.)

FATHER

Full Name James Turner Williams

MOTHER

Full Maiden Name Jesse Hayes

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the ... must be filed by the attending Physician or Midwife.

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(This return should preferably be made by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No.*

Place of Birth Miami, Arizona No. St.

(Registration district)

SEX OF CHILD*	Twin* Triplet or other?	and	Number* in order of birth
Male			

DATE OF BIRTH* July [Month] 31 [Day] 1915 [Year]

FULL* NAME FATHER James Turner Williams

FULL* MAIDEN NAME MOTHER Jesse Hayes

I HEREBY CERTIFY that the child described herein has been named

Charles George Williams

[Give name in full] [Surname]

[Signature] Cyril M. Cron M.D.

Box 29 Miami Ariz.

(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of births may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

COUNTY REGISTRAR.

Filed Sept 4 1915

True Copy

B. G. Fox

COUNTY REGISTRAR.