

160

FILED IN THIS OFFICE WITHIN 5 DAYS AFTER BIRTH.

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 118 State Index No. 499
 ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 32
 Local Registrar's No. _____

FULL NAME OF CHILD James Robert Latham } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Male Twin, Triplet or other No and Number in order of birth 1 Legitimate? Yes Date of Birth Feb. 3 1916
 (Month) (Day) (Yr.)

FATHER
 Full Name Clarence Van Latham
 Residence Miami
 Color or Race White Age at last Birthday 32 (Years)
 Birthplace South Carolina
 Occupation Merchant

MOTHER
 Full Maiden Name Marinda Jan Williams
 Residence Miami
 Color or Race White Age at last Birthday 38 (Years)
 Birthplace South Carolina
 Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 2 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 Feb 3 1916 at 12 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) B. W. Hardy, M.D. (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191_____ Address Miami, Ariz.

Filed July 10 1916 LOCAL REGISTRAR
 Filed Mar 6 1916 A True Copy B. G. Day COUNTY REGISTRAR
134-203-462
 COUNTY REGISTRAR.