

44 15

PLACE OF BIRTH
County of Lila
District of Miami
Town of _____
or
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 122
Co. Register No. 124
Local Registrar's No. _____
St. _____ Ward _____

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

Sex of Child Female Twin, Triplet or other _____ } and } Number in order of birth _____ Legitimate? yes Date of Birth Apr. 1916 1916
(Month) (Day) (Yr.)

FATHER
Full Name Volta Ovington Latham
Residence Miami
Color or Race White Age at last Birthday 38 (Years)
Birthplace A.C. U.S.A.
Occupation Clerk in a grocery

MOTHER
Full Maiden Name Mattie Jane Williams
Residence Miami
Color or Race White Age at last Birthday 35 (Years)
Birthplace A.C.
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 the above child; and that it occurred on Apr. 19, 1916, at 10A M.

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

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

Given or Christian name added from a supplemental report _____ 1916

Address Miami, Fla.
John H. Lacey
LOCAL REGISTRAR.

334-419-4 102
COUNTY REGISTRAR.

Filed May 21 1916

Filed June 5 1916
A True Copy

B. B. Fox
COUNTY REGISTRAR.