RTIFICATE AMENDED
SEE NOTATION

PLACE OF BIRTH

County of Gila

District of Arizona

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No.

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 291

Local Registrar's No.

Child's name added & mother's maiden name amended as per Affidavit & Social Security application. (9-13-72)

(No. St. Ward)

FULL NAME OF CHILD Alfred 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	May 23 - 1918

FATHER		MOTHER	
Full Name	John Williams	Full Maiden Name	Nellie ~~Tito~~ Tipton
Residence	Miami, Arizona.	Residence	Miami, Arizona
Color or Race	Negro	Color or Race	Mex + Negro
Age at last Birthday	32 (Years)	Age at last Birthday	19 (Years)
Birthplace	Cuba	Birthplace	El Paso, Texas
Occupation	Miner	Occupation	Housewife

Number of child of this mother 1 | Number of children, of this mother, now living 1 | 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 May 23, 1918, at 9 30 A.M.

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

(Signature) Cyril M. Crow M.D.
(Attending physician, midwife, householder.*)

Address Miami, Arizona

Given or christian name added from a supplemental report ..... 191....

Filed July 9 1918 John H. Lacy
LOCAL REGISTRAR.

162-523-535
COUNTY REGISTRAR.

Filed Aug 6 1918 A True Copy R G Fox
COUNTY REGISTRAR.