

2260

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137

Co. Registrar's No. 90

Local Registrar's No. _____

(No. _____ St. _____ Ward _____)
 FULL NAME OF CHILD Guanita Robinson Latham

If child is not named, make Supplemental Report on blank obtainable from local registrar. Born YES Alive NO

Sex of Child Female Twin, Triple or other no and Number in order of birth one Legitimate yes Date of Birth Feb 12 1919
 Month Day Yr.

FATHER
 Full Name Volta Ovington Latham
 Residence Miami
 Color or Race white Age at last Birthday 41 Years
 Birthplace S. C.
 Occupation city clerk Miami

MOTHER
 Full Maiden Name Mattie Jane Williams
 Residence Miami
 Color or Race white Age at last Birthday 39 Years
 Birthplace S. C.
 Occupation House wife

Number of child of this Mother 3 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 Feb 12 1919, at 10:30 M.

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

Signature B. N. Hardy M.D.
 Attending physician, midwife, householder.

Given or Christian name _____ and from a _____

Address Miami, Ariz.

supplemental report _____ 1919
134-287-462
 REGISTRAR.

Filed Mar 1 1919
 A True Copy
 Filed Apr 5 1919
B. G. G. W.
 LOCAL REGISTRAR.
 COUNTY REGISTRAR.