

4722

PLACE OF BIRTH
 County of Dela ARIZONA STATE BOARD OF HEALTH
 District of _____ BUREAU OF VITAL STATISTICS State Index No. 148
 Town of Miami ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 318
 or _____ Local Registrar's No. _____
 City of _____ (No. _____ St. _____ Ward)

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

Sex of Child	<u>Male</u>	Twin, Triplet or other		and	Number in order of birth	<u>2</u>	Legitimate? <u>yes</u>	Date of Birth	<u>May 17 - 1919</u>
								(Month) (Day) (Yr.)	
FATHER					MOTHER				
Full Name	<u>John Williams</u>				Full Maiden Name	<u>Martina Legaspe</u>			
Residence	<u>Miami, Ariz.</u>				Residence	<u>Miami, Arizona</u>			
Color or Race	<u>Mex</u>	Age at last Birthday	<u>24</u>	(Years)	Color or Race	<u>Mex</u>	Age at last Birthday	<u>19</u>	(Years)
Birthplace	<u>Globe, Arizona</u>				Birthplace	<u>New Mexico</u>			
Occupation	<u>Miner</u>				Occupation	<u>Housewife</u>			

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 May 17, 1919, at 2:30 P.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*)

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

Filed Jun 15 1919 LOCAL REGISTRAR.
 A True Copy
 Filed JUL 7 1919 COUNTY REGISTRAR.
362-517-435 COUNTY REGISTRAR.