

This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Gila State Index No. 100
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 704
Town of Miami Local Registrar's No. _____
City of _____ (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD William Scott Clam 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 } and { Number in order of birth 2 Legiti- mate? yes Date of Birth Nov. 13 1924
Month Day Yr.

FATHER
Full Name Millard Clam
Residence Miami, Arizona
Color or Race White Age at last Birthday 34 Years
Birthplace Laramie, Wyoming
Occupation Millman

MOTHER
Full Maiden Name Alice Kirby
Residence Miami, Arizona
Color or Race White Age at last Birthday 26 Years
Birthplace Arizona
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 Nov. 13, 1924 at 11 P. M.
*When there is no attending physi- cian 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 _____ 19____
Address Miami, Arizona

654-1113-128
COUNTY REGISTRAR.

Filed 12/24 1920
Filed 12/27 1920

T.H. Slaughter
LOCAL REGISTRAR.
R.G. Sal
COUNTY REGISTRAR.

A True Copy