

225

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH  
 County of Hila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 146  
 Co. Registrar's No. 291  
 Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Carl Leonard Williams } 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 } Legitimate? yes } Date of Birth May 4 - 1921  
 Month Day Yr.

FATHER  
 Full Name Mart Alexander Williams  
 Residence Miami, Arizona  
 Color or Race White Age at last Birthday 25 Years  
 Birthplace Thurbar, Texas  
 Occupation Motorman

MOTHER  
 Full Maiden Name Alice Eva Mc Donald  
 Residence Miami, Arizona  
 Color or Race White Age at last Birthday 25 Years  
 Birthplace Madison, Conn.  
 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 May 4, 1921, at 6 A.M.

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

Signature C. M. Cron M.D.  
 Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Address Miami, Arizona  
577 Hardy St  
 LOCAL REGISTRAR.

562-504-1111  
 COUNTY REGISTRAR.

Filed May 25 1921

Filed June 1 1921

A True Copy  
B. G. Fox  
 COUNTY REGISTRAR.