15:16

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174

Co. Registrar's No. 401

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami
or
City of .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD John Williams

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive YES ~~NO~~

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth
Male			3	yes	July 23 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	John Williams	Full Maiden Name	Marta Legaspre
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	26 Years	Age at last Birthday	22 Years
Birthplace	Globe, Arizona	Birthplace	New Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 3 | Number of Children, of this mother, now living 3 | 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 July 23, 1921, at 1:10 A.M.

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

Signature C. M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

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

Filed 7/26 1921 B M Hardy M.D.
LOCAL REGISTRAR.

162-723-435
COUNTY REGISTRAR.

Filed Aug 3 1921 A True Copy B. G. [illegible]
COUNTY REGISTRAR.

... or midwife with each local Registrar within 5 days after birth.