

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH  
 1. County of Hila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 149  
 Co. Registrar No. 169  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Clarence Edwin Evans } If child is not yet named, make supplemental report, as directed

3. Sex of child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 3 6. Legitimate? yes 7. Date of birth March 11-1923 (Month, day, year)

FATHER	MOTHER
8. Full name <u>William Carmest Evans</u>	14. Full maiden name <u>Margaret Webb</u>

9. Residence (Usual place of abode) <u>Miami - Ariz.</u> If nonresident, give place and State	15. Residence (Usual place of abode) <u>Miami - Ariz.</u> If nonresident, give place and State
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10. Color or race <u>White</u>	16. Color or race <u>White</u>
11. Age at last birthday <u>35</u> (Years)	17. Age at last birthday <u>34</u> (Years)

12. Birthplace (city or place) <u>Orange</u> (State or country) <u>Texas</u>	18. Birthplace (city or place) <u>Brownwood</u> (State or country) <u>Texas</u>
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13. Occupation <u>Printer</u> Nature of Industry	19. Occupation <u>Housewife</u> Nature of Industry
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20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } 3  
 (a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born at 12<sup>30</sup> A.m. on the date above stated.  
 (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. M. Crow M.D. (Physician or midwife)  
 Address Miami - Ariz.

Given name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_ (Month, day, year)

Filed Feb 31, 1923 P. E. Dyer Local Registrar.  
 Filed 4-5 1923 B. S. J. ap County Registrar.

Registrar. 352-311-462