

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>117</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>221</u>
Town of <u>Miami</u>			Local Registrar No. _____
or			
City of _____		No. _____	St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Jane Beatrice Williams</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>April 3-1923</u>	
		(Month, day, year)	
8. FATHER Full name <u>Isiah Martin Williams</u>		14. MOTHER Full maiden name <u>Sarah Elizabeth Mackin</u>	
9. Residence <u>Miami - Ariz.</u> (Usual place of abode) If nonresident, give place and State		15. Residence <u>Miami - Ariz.</u> (Usual place of abode) If nonresident, give place and State	
10. Color or race <u>White</u>	11. Age at last birthday <u>40</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>41</u> (Years)
12. Birthplace (city or place) <u>Austin Nevada</u> (State or country)		18. Birthplace (city or place) <u>Liverpool England</u> (State or country)	
13. Occupation <u>Miner</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	
20. Number of children of this mother <u>11</u> (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>11</u> (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 30 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. Cron M.D.
(Physician or midwife)

Address Miami - Ariz.

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

Filed April 30, 1923 C. S. J. J. J. Local Registrar.
Filed 5/5, 1923 B. J. J. J. County Registrar.

Registrar. 162-403-245