

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 114  
County Registrar No. 660  
Local Registrar No.

PLACE OF BIRTH  
1. County of Pinal  
District of  
Town of Miami  
or  
City of

2. Full name of child William Winston Byas  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
No. St. Ward  
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.  
6. Legitimate? Yes  
7. Date of birth Oct 1 1923  
Month Day Year

8. FATHER  
Full name Marvin Freeman Byas

14. MOTHER  
Full maiden name Winnie May Joy

9. Residence (Usual place of abode)  
If nonresident, give place and state Miami

15. Residence (Usual place of abode)  
If nonresident, give place and state Miami

10. Color or race White  
11. Age at last birthday 25 (Years)

16. Color or race White  
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Texas  
(State or country)

18. Birthplace (city or place) Texas  
(State or country)

13. Occupation Truck Driver  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 11:30 p.m. on the date above stated.

\*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 Charles E. Dwin M.D.  
Address Miami, Arizona  
(Physician or midwife)

Given name added from a supplemental report  
Month, day, year. Filed Oct 31 1923  
Local Registrar. Filed 11-6 1923  
County Registrar. B.S. Dwin

622-1001-619