

WRITTEN IN PERMANENT INK WITH UNFADING INK-TYPE 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

1. County of Yula State Index No. 139
District of _____ County Registrar No. 556
Town of Miami Local Registrar No. _____
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jean Williams } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 1st 5. Legitimate? yes 6. No., in order of birth 1st 7. Date of birth Dec. 16-1923
Month day year

8. FATHER		14. MOTHER	
Full name <u>Henry Williams</u>		Full maiden name <u>Maudie A. Chambers</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	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>40</u> (Years)		17. Age at last birthday <u>26</u> (Years)	
12. Birthplace (city or place) <u>Yukon, Alaska</u> (State or country)		18. Birthplace (city or place) <u>Cliff, New Mex.</u> (State or country)	
13. Occupation Nature of industry <u>Machinist</u>		19. Occupation Nature of industry <u>Housewife</u>	
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 <u>1st</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 7 A.M. on the date above stated.
(Born alive or stillborn.)

Signature E. M. Crow M.D. (Physician or midwife)
Address Miami, Ariz.
Filed Dec 31, 1923 Local Registrar. C. E. Davis
Filed 1-5-24 County Registrar. A. J. Fox

Registrar. _____

162-1216-432