MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156

County Registrar No. 69

Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila

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)

2. Full name of child William Charles Andrew Clark — 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 1

6. Legitimate? yes

7. Date of birth Jan. 20-1924. (Month day year)

8. FATHER

Full name William Edward Clark

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

10. Color or race White

11. Age at last birthday 22 (Years)

12. Birthplace (city or place) La Luz

(State or country) New Mexico

13. Occupation

Nature of industry Millman

14. MOTHER

Full maiden name Thelma Laurine Long

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

16. Color or race White

17. Age at last birthday 15 (Years)

18. Birthplace (city or place) El Paso

(State or country) Texas

19. Occupation

Nature of industry Housewife

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 1

(b) Born alive but now dead _____

(c) Stillborn _____

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 at 4 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 evidences of life after birth.

Signature C. M. Crow M.D. (Physician or midwife)

Address Miami, Arizona

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

Filed Jan 31, 1924 C. E. Irwin Local Registrar.

Filed 2/5, 1924 B. G. Fia County Registrar.

Registrar.

632-120-338