

1224

MARKED 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.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>192</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>670</u>
Town of _____			Local Registrar No. _____
or			
City of <u>Globe</u>	No. _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)	St. _____ Ward _____
2. Full name of child <u>John Pierre Williams Jr.</u>	} If child is not yet named, make supplemental report, as directed.		
3. Sex of Child <u>Male</u>	To be answered ONLY if event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>9-31-24</u>	7. Month <u>9</u>	8. Day <u>31</u>	9. Year <u>24</u>
8. FATHER		14. MOTHER	
Full name <u>John St. Aubin Williams</u>		Full maiden name <u>Mary Louise Van Neltoven</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) (State or country) <u>England</u>		18. Birthplace (city or place) (State or country) <u>Perchen Antwerp Belgium</u>	
13. Occupation Nature of industry <u>Miner.</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.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>1</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9:10 A.M.</u> 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 evidences of life after birth.		Signature <u>C. W. Adams</u> (Physician or midwife)	
Address <u>Globe, Arizona</u>		Local Registrar. <u>[Signature]</u>	
Given name added from a supplemental report _____		County Registrar. <u>[Signature]</u>	
Month, day, year. _____		Filed <u>9-3-24</u>	
Registrar. _____		Filed <u>9-5-24</u>	

162-831-455