

No. B.—In case of more than one child at a birth, a STATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Pima
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 195
County Registrar No. _____
Local Registrar No. 39

2. Full name of child Bert Richard Williams (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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 4 6. Legitimate? yes 7. Date of birth Apr. 27-1925
Month Day Year

8. FATHER
Full name Samoa Williams
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Ariz.
10. Color or race Cauc.
11. Age at last birthday 29 (Years)

14. MOTHER
Full maiden name Olive A. Layton
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Thatcher
(State or country) Arizona

18. Birthplace (city or place) Safford
(State or country) Arizona

13. Occupation
Nature of Industry Train man

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 4
(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 3:30 P. 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 Cyril M. Brown, M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filed May 7, 1925 P. E. Dwin
Month, day, year Local Registrar.

Registrator _____ Filed _____, 19____ County Registrar.

262-427-635