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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 195

County Registrar No.

Local Registrar No. 90

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. Miami Sand Wash St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child 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

5. No., in order of birth

6. Legitimate? Yes

7. Date of birth May 14 1925 (Month Day Year)

8. FATHER

Full name Sandford Williams

9. Residence (Usual place of abode) anywhere Flivver tramp

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 49 (Years)

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

13. Occupation Nature of industry Laborer

14. MOTHER

Full maiden name Ida May Reeves

15 Residence (Usual place of abode) Same

If non-resident, give place and state.

16 Color or race White

17. Age at last birthday 36 (Years)

18. Birthplace (city or place) (State or country) N Mexico

19. Occupation Nature of industry H.W.

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 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 1 A 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 Nelson D Brayton (Physician or midwife).

Address Miami Arizona

Given name added from a supplemental report

Month, day, year

Filed June 2, 1925 C. E. Twin Local Registrar.

Registrar

Filed , 19

County Registrar.

062-514-992