

of each.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159

County Registrar No. _____

Local Registrar No. 343

St. _____ Ward _____

No. Miami Inspiration Hospital

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

2. Full name of child William Lamar Watts 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 _____ 6. Legitimate? Yes. 7. Date of birth Nov. 10 1925 Month Day Year

8. FATHER Full name William Bowers Watts

9. Residence Miami, Coppenhull Miami, Ariz. (Usual place of abode) If nonresident, give place and state

10. Color or race White 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Dool, Co. Georgia (State or country)

13. Occupation Physician & Surgeon Nature of industry

14. MOTHER Full maiden name Berac Claire Morgan

15. Residence Miami Arizona (Usual place of abode) If nonresident, give place and state

16. Color or race White 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Montezuma, Georgia (State or country)

19. Occupation Housewife Nature of industry

20. Number of children of this mother (a) Born alive and now living 5 (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 at 7:04 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 J. S. J. J. J. (Physician or midwife) Address Miami, Arizona

Given name added from a supplemental report _____ Filed Nov 14 25 1925 Local Registrar. _____

Registrar. _____ Filed _____ 19 _____ County Registrar.

6602-1110-515