

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
STANDARD CERTIFICATE OF BIRTH

State File No. 160
Registered No. 288

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donald Tallie Williams
(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 _____ 6. Legitimate? yes.
5. No., in order of birth _____ 7. Date of birth 11-10-25
Month Day Year

8. FATHER
Full name Tallie Williams

14. MOTHER
Full maiden name Minnie Musgrove

9. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe Arizona
If non-resident, give place and state.

10. Color or race white

11. Age at last birthday 34 (Years)

16. Color or race white

17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Luling Texas
(State or country)

18. Birthplace (city or place) Soso Mississippi
(State or country)

13. Occupation
Nature of Industry Minister

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2
(b) Born alive but now dead 0
(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 alive at 10:45 P. 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 [Signature]
Globe, Ariz.
(Physician or midwife)

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

Address H. H. Horst

Filed Nov 30, 1925 Registrar

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460-1110-4116