

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—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 Mila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 111
 County Registrar No. 693
 Local Registrar No. _____

No. Dairy Canon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francis Virginia Langham (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, triple or other _____ 6. Legitimate? yes 7. Date of birth June 10, 1926
 Month Day Year

8. FATHER Full name Clifton Madison Langham

14. MOTHER Full maiden name Wilma Austrey

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

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

10. Color or race Cauc. 11. Age at last birthday 31 (Years)

16. Color or race Cauc. 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Winnboro, Texas
 (State or country)

18. Birthplace (city or place) Wico, Texas
 (State or country)

13. Occupation Fireman
 Nature of Industry Mining

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother } (a) Born alive and now living 3
 (Taken as of time of birth of child herein certified and including this child.) } (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 2:45 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 July 7, 1926 W. E. Dwin Local Registrar.
 Month, day, year

Registrator _____ Filed _____, 19 _____ County Registrar.

634-610-618