ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 499
County Registrar No.
Local Registrar No. 23

PLACE OF BIRTH

1. County of Navajo
District of
Town of Clay Springs
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cyrus Albert 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
5. No., in order of birth
6. Legitimate? Yes
7. Date of birth Sept 10 - 1928 (Month / Day / Year)

FATHER	MOTHER
8. Full name: Ivan B. Williams	14. Full maiden name: Attia Bartholomew
9. Residence (Usual place of abode): Clay Springs Ariz. If non-resident, give place and state.	15. Residence (Usual place of abode): Clay Springs Ariz. If non-resident, give place and state.
10. Color or race: White	16. Color or race: White
11. Age at last birthday 46 (Years)	17. Age at last birthday 40 (Years)
12. Birthplace (city or place) Attica Ohio (State or country)	18. Birthplace (city or place) Sycamore Ohio (State or country)
13. Occupation: Farmer; Nature of industry: Farmer	19. Occupation: Farmers wife; Nature of industry: Farmers wife

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 10
(b) Born alive but now dead 1
(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 5 a.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 Ivan B. Williams (Physician or midwife).
Address

Given name added from a supplemental report ..... Filed ....., 19..... Mrs. J. Edw. Brewer
Month, day, year — Local Registrar.

..... Registrar — Filed ....., 19..... — County Registrar.

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.

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