ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 152

Registered No. 485

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. Miami Insp. Hospital St., ... Ward

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

2. Full name of child Elizabeth Harriet 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 Oct. 13 1928 (Month Day Year)

8. FATHER

Full name Richard Owen Williams

9. Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona

10. Color or race Cauc.

11. Age at last birthday 44 (Years)

12. Birthplace (city or place) Bangor, N. Wales

(State or country) Great Britian

13. Occupation

Nature of industry Mining

14. MOTHER

Full maiden name Jane Jones

15. Residence (Usual place of abode) Miami,

If non-resident, give place and state. Arizona.

16. Color or race Cauc.

17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Bangor, N. Wales

(State or country) Great Britian

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 .....

(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 (Born alive or ~~stillborn~~) at 6 50 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 Cyril M. Crow M.D.

Physician (Physician or ~~midwife~~).

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

Address Miami, Arizona

Filed Dec 2, 1928 C. E. Finn

Registrar. Registrar.

562-1013-112

N. B.—In case of more than one child ... number of each in ...

WRITE PLAINS