

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 6112
Registered No. 60

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 402 Peppy Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Richard Carl Williams { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth.	6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb. 3 - 1929.</u> Month Day Year
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8. FATHER
Full name Rupert Carl Williams

14. MOTHER
Full maiden name Irene Myrtle Moore

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

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

10. Color or race
Cauc.

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Cauc.

11. Age at last birthday 23 (Years)
12. Birthplace (city or place) Clifton
(State or country) Arizona.

17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Chicago
(State or country) Ill.

13. Occupation
Nature of industry Pharmacist

19. Occupation
Nature of industry Housewife

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 1
(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 5:30 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 Byril M. Brown, M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona.

Month, day, year _____ Filled Feb 18, 1929 C. E. Jones
Registrar Registrar

962-203-945

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.