

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

State File No. 125-V
93
 Registered No. 93

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

2. Full name of child Stazel 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. _____ 6. Legitimate? yes 7. Date of birth Feb. 7 - 1929
 5. No., in order of birth _____ Month Day Year

8. FATHER
 Full name Samsa Williams
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona

14. MOTHER
 Full maiden name Olivia Agatha Layton
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona

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

16. Color or race Cauc. 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Safford, Arizona
 (State or country)

18. Birthplace (city or place) Safford, Arizona
 (State or country)

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 5
 (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 2:30 A.M. on the date above stated.
(Born alive or stillborn.)

Signature Cyril M. Brown, M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____ Filed Feb 20, 1929 C. E. Dorn
 Registrar Registrar

862-207-635

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.

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD