

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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of COCOHINO  
District of Williams  
Town of Williams  
or  
City of Williams

State Index No. 90  
County Registrar No. 237  
Local Registrar No. 80

2. Full name of child Jean Elizabeth Humphrey  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) ) 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. 2 5. No., in order of birth. eyes 6. Legitimate? yes 7. Date of birth 10-6-1923  
Month day year

8. FATHER Full name <u>Leo Owen Humphrey</u>		14. MOTHER Full maiden name <u>Katharine Eliz. Tilley</u>	
9. Residence (Usual place of abode) <u>Williams Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Williams Arizona</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>27</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Pratt</u> (State or country) <u>Kansas</u>		18. Birthplace (city or place) <u>English</u> (State or country) <u>Indiana</u>	
13. Occupation <u>Tailor + Cleaner</u> Nature of industry <u>Tailoring + Cleaning</u>		19. Occupation <u>Housewife</u> Nature of industry	

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 2  
(b) Born alive but now dead 1  
(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 6:20 P. (Born alive or stillborn.)

Signature C. J. J. J. (Physician or midwife)  
Address Williams, Arizona  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed 10-10, 1923 \_\_\_\_\_  
Local Registrar.  
Filed Nov 6, 1923 S. F. Manning  
County Registrar.

Registrar. \_\_\_\_\_

1923-1006-236