

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Navajo  
District of \_\_\_\_\_  
Town of Clay Springs  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 7 448  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

2. Full name of child Jessie Jean Brewer  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Legitimate? yes  
5. No., in order of birth \_\_\_\_\_ 6. Date of birth Feb. 5, 1927  
Month Day Year

8. FATHER  
Full name Geo. Grant Brewer  
9. Residence (Usual place of abode) Clay Springs  
If non-resident, give place and state. Ariz.  
10. Color or race white  
11. Age at last birthday 43 (Years)  
12. Birthplace (city or place) Pocketville  
(State or country) Utah  
13. Occupation Farmer  
Nature of industry

14. MOTHER  
Full maiden name Lydia Ellen Ehlsworth  
15. Residence (Usual place of abode) Clay Springs  
If non-resident, give place and state. Ariz.  
16. Color or race white  
17. Age at last birthday 37 (Years)  
18. Birthplace (city or place) Taylor  
(State or country) Ariz.  
19. Occupation Housewife  
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 4  
(b) Born alive but now dead 3  
(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 10:40 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 Carroll E. Perkins  
Address Shumway Ariz.  
(Physician or midwife.)

Given name added from a supplemental report. Month, day, year \_\_\_\_\_  
Registrar \_\_\_\_\_  
Filed \_\_\_\_\_, 19\_\_\_\_  
Local Registrar Hiro J. Edw. Brewer  
County Registrar \_\_\_\_\_

As child at a birth, a SEPARATE RETURN must be made for each, and the number of children born must be stated.

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