

RECORD
 WRITING IN 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.

PLACE OF BIRTH SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
 District of _____
 Town of _____
 or _____
 City of Miami

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157
 County Registrar No. 190
 Local Registrar No. _____

2. Full name of child Jackson Caple No. _____ St. _____ Ward _____
(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 Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth May 12, 1927
 Month Day Year

8. FATHER
 Full name Oscar Roland Caple

14. MOTHER
 Full maiden name Jewell Wood

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

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

10. Color or race White 11. Age at last birthday 44 (Years)

16. Color or race White 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Taxou Tenn
 (State or country)

18. Birthplace (city or place) Lake Charles Louisiana
 (State or country)

13. Occupation Repair Shop
 Nature of industry Coffee Co.

19. Occupation House work
 Nature of industry

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 4
 (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 11:17 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 Charles E. Davis, M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____ Filed May 20, 19____ Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

535-512-164