

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

State File No. 139
 Registered No. 157

PLACE OF BIRTH
 County Gila State _____
 District or Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____

2. Full name of child Jack Barnard Atkins (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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Aug 8 1927
 Month Day Year

FATHER
 1. Full name Oron Jackson Atkins
 2. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.
 3. Color or race White
 11. Age at last birthday 37 (Years)
 12. Birthplace (city or place) Currys Ark
 (State or country)
 13. Occupation Machinist
 14. Nature of Industry _____

MOTHER
 14. Full maiden name Bessie Leak Barnard
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 25 (Years)
 18. Birthplace (city or place) Shunkton Texas
 (State or country)
 19. Occupation House Wife
 20. Nature of Industry _____

22. Number of children of this mother 1
 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 _____
 (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 _____ at _____ A. M. on the date above stated

* 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 H. Hunt

 (Physician or Midwife)

Given name added from supplemental report _____
 Address Hayden Ariz
 Filed Aug 9 1927 _____
 Registrar _____

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