

A COMPLETE RECORD MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH NOTED.

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

State File No. 455  
Registered No. 8283

1. PLACE OF BIRTH

County Maricopa State Arizona  
District or Township \_\_\_\_\_ or Village Fowler  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Charles Doran Jackson { If child is not yet named, make supplemental report, as directed.

3. Sex of Child m 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 Dec 22 1930  
Month Day Year

8. FATHER  
Full name Doran D. Jackson

14. MOTHER  
Full maiden name Mary Cantwell

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

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

10. Color or race W 11. Age at last birthday 29 (Years)

16. Color or race W 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Miami Oklahoma  
(State or country)

18. Birthplace (city or state) Oklahoma  
(State or country)

13. Occupation Lettuce trimmer  
Nature of Industry Lettuce

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 2 (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 0  
(c) Stillborn 0

21. Were precautions taken against epithemia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. 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 D. C. Kalleck  
M.D.  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Fowler, Arizona  
Filed 12-31-30 W. W. Bodman  
Registrar. Registrar.

315-1222-433