

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 146
Registered No. 16

1. PLACE OF BIRTH

County Gila State

District or Township _____ or Village _____

City Meander Mackay Camp Ward _____

Full name of child Infant Jackson (If birth occurred in a hospital or institution, give its name. If child's 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. No. 5. No. in order of birth. 1st 6. Estimated date of birth Jan 10 1931 7. Date of birth Jan 10 1931 Month Day Year

8. FATHER Full name H. J. Jackson

14. MOTHER Full maiden name Kennora Maxwell

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

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10. Color or race White 11. Age at last birthday 37 (Years)

16. Color or race White 17. Age at last birthday 25 (Years)

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

13. Birthplace (city or place) Missouri (State or country) us

13. Occupation Leaking Plant Nature of Industry refinery

19. Occupation Housewife Nature of Industry Housewife

20. Number of children of this mother 3 (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. one (c) Stillborn. no 21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 3P at 3P 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 Kennora Maxwell (Physician or midwife.)

Given name added from a supplemental report _____ Address _____ Month, day, year _____

Registrar. Jan 20 1931 Registrar.

015-110-343

each in order of birth stated.