ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 132

Registered No. 79

1. PLACE OF BIRTH

County: Gila State: Ariz.

District or Township: or Village:

City: MIAMI, AZ No. Miami Inspiration Hospital St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Lloyd Melvin Jackson (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: March 18 1932 (Month Day Year)

8. FATHER

Full name: Melvin Lincoln Jackson

9. Residence (Usual place of abode): MIAMI, ARIZONA

If non-resident, give place and state.

10. Color or race: White

11. Age at last birthday: 24 (Years)

12. Birthplace (city or place): Roosevelt

(State or country): Arizona

13. Occupation: Crusher Plant employee

Nature of Industry: Copper mine

14. MOTHER

Full maiden name: Julia Mc Donald

15. Residence (Usual place of abode): MIAMI, ARIZONA

If non-resident, give place and state.

16. Color or race: White

17. Age at last birthday: 21 (Years)

18. Birthplace (city or place):

(State or country): Mexico

19. Occupation:

Nature of Industry: Housewife

20. 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: 0

(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 alive (Born alive or stillborn) at 10:50 P.m. on the date above stated.

Signature: F. F. Miller

F. F. MILLER, M. (Physician or midwife)

Address: MIAMI, ARIZONA

* 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.

Given name added from a supplemental report: Month, day, year

Filed April 4, 1932 C. E. Olsen Registrar

Registrar

315-318-144

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—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.