ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 140

Registered No. 12

1. PLACE OF BIRTH

County: Gila State: Ariz.

District or Township: or Village:

City: Globe No. St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Jackson Coffin (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: 1-8-33 (Month Day Year)

FATHER

8. Full name: Howard Jackson Coffin

9. Residence (Usual place of abode): Inspiration, Ariz.

If non-resident, give place and state.

10. Color or race: White

11. Age at last birthday: 31 (Years)

12. Birthplace (city or place): Haverhill (State or country): Mass.

13. Occupation: Mining Engineer

Nature of industry:

MOTHER

14. Full maiden name: Vranja Don McArthur

15. Residence (Usual place of abode): Inspiration, Ariz.

If non-resident, give place and state.

16. Color or race: White

17. Age at last birthday: 37 (Years)

18. Birthplace (city or place): Mt. Pleasant (State or country): Utah

19. Occupation: Housewife

Nature of industry:

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 born alive at 4:25 P. 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: P. C. Harper

Physician (Physician or midwife)

Address: Globe, Ariz.

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

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