PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 15
Registered No. 18
Arizona

County Gila State Arizona Arizona

Township or Village

City Miami No. Winkleman Canyon St. Ward

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

Full name of child Norma Ellen Jackman (If child is not yet named, make supplemental report, as directed)

Sex: female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth Feb 10, 1933 (Month, day, year)

FATHER

Full name Herbert Leroy Jackman

Residence (usual place of abode) (If non-resident, give place and State) Miami

Color or race Wh | 12. Age at last birthday 38 (Years)

Birthplace (city or place) Norman (State or country) Okla

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miner

Date (month and year) last engaged in this work, 19 | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Lenora Ruby Maxwell

19. Residence (usual place of abode) (If non-resident, give place and State) Miami

20. Color or race Wh | 21. Age at last birthday 27 (Years)

22. Birthplace (city or place) Born (State or country) Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H W

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19 | 26. Total time (years) spent in this work

Number of children of this mother (time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

Stillborn, period of gestation months or weeks | 29. Cause of stillbirth Cerebral Compression Before labor During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. m. on the date above stated

If there was no attending physician or midwife, then the father, householder, should make this return.

(Signed) Charles E. Irwin, M. D.

or Miami Ariz., Midwife

Address

Filed Feb 11, 1933 C. E. Irwin Registrar.

Name added from supplemental report (Date of)

515-210-343 Registrar.

GM 2-9-33 MS-42975