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

1. PLACE OF BIRTH

County Yavapai
Township Prescott
City Prescott

State ARIZONA

State File No. _____
Registered No. 96 H.
Arizona _____

2. Full name of child John Hugh Nelson (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

3. Sex Male 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 Sept. 8- 1896, 19____ (Month, day, year)

9. Full name John Nelson FATHER

10. Residence (usual place of abode) (If non-resident, give place and State) Crown King, Ariz.

11. Color or race White 12. Age at last birthday 32 (Years)

13. Birthplace (city or place) (State or country) Near Stockholm Sweden

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman of Gold Quartz

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

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

18. Full maiden name Esther Rebecca Harrington MOTHER

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

20. Color or race White 21. Age at last birthday 22 (Years)

22. Birthplace (city or place) (State or country) Taylorville Illinois

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

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 _____

27. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at _____ m. on the date above _____ (Born alive or stillborn)

(Signed) Mrs. Essie R. Nelson M.D. or _____ Midwife

Address 114 N. 9th Ave Phoenix, Ariz. Filed Harry J. Southworth Registrar

Given name added from supplemental report _____ (Date of) _____

Mother signed certificate in this office _____ Registrar. G.C.T.