

2625

Write in blue ink, 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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH  
County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Globe (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
Register No. 38

FULL NAME OF CHILD William James Jackson Born  Yes  
If child is not named, make Supplemental report on blank obtainable from local registrar. Alive  No

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ and Number in order of birth 1 Legiti mate? Yes Date of Birth Feb 26 1910  
(Month) (Day) (Year)

FATHER			MOTHER		
Full Name	<u>William Roy Jackson</u>		Full Maiden Name	<u>Evelyn Irene Cowley</u>	
Residence	<u>Copperfield</u>		Residence	<u>Copperfield</u>	
Color or Race	Age at last Birthday	<u>White</u> <u>25</u> (Years)	Color or Race	Age at last Birthday	<u>White</u> <u>22</u> (Years)
Birthplace	<u>Texas</u>		Birthplace	<u>New Mexico</u>	
Occupation	<u>Miner</u>		Occupation	<u>Housewife</u>	
Number of child of this mother	Number of children, of this mother, now living	<u>1</u>	Were precautions taken against Ophthalmia neonatorum? _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Feb 26, 1910, at 2300

(Signature) J. H. Harty (Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 19 \_\_\_\_\_ Filed Mar 3 1910 Address Globe

639-226-538 COUNTY REGISTRAR. Filed Mar 3 1910 B. G. Fox M.D. LOCAL REGISTRAR. B. G. Fox M.D. COUNTY REGISTRAR.