

PLACE OF BIRTH <sup>SUPPLEMENT ATTACHED</sup> ARIZ. STATE OF HEALTH 61  
 County of Cochise BUREAU OF VITAL STATISTICS. State Index No. 336  
 District of Winkelman ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 564  
 Town of Pittsboro or City of \_\_\_\_\_ Local Registrar's No. 156

(No. \_\_\_\_\_) St: \_\_\_\_\_ Ward) Jordan  
 FULL NAME OF CHILD } Born } YES  
 } Alive } NO  
 If child is not named, make Supplemental Report on blank obtainable from local registrar.  
 Sex of Child Male Twin, Triplet or other \_\_\_\_\_ } and } Number in order of birth \_\_\_\_\_ Legitimate? Y. Date of Birth 9 17 1913  
 (Month) (Day) (yr.)  
 Full Name H. V. Jordan FATHER Full Maiden Name Josephina Longoria MOTHER  
 Residence Pittsboro Residence Pittsboro  
 Color or Race White Age at last Birthday 29 (Years) Color or Race White Age at last Birthday 29 (Years)  
 Birthplace Ill. Birthplace \_\_\_\_\_  
 Occupation Crane-man, Swell Occupation Wife  
 Number of child of this mother... 2 Number of children, of this mother, now living... 2 Were precautions taken against Ophthalmia neonatorum? Y.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 I hereby certify that I attended the birth of above child; and that it occurred on 9-17-1913 at 5:45 A.M.  
 \*When there is no attending physician or midwife, then the householder should make this return.  
 (Signature) [Signature] (Attending physician, midwife, householder.)  
 Given or christian name added from a \_\_\_\_\_ Address Winkelman  
 supplemental report \_\_\_\_\_ 191\_\_  
 Filed 10-5-1913 F. W. Randall (A.E.M.) LOCAL REGISTRAR.  
615-917-169 Filed 10-16-1913 A True Copy L. L. Miner COUNTY REGISTRAR.  
 COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth.