2374

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of Livingston

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 91

Co. Register No.

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Mildred Jackson

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female	Other		1	yes	Oct. (Month) 9 (Day) 1914 (Yr.)

FATHER	MOTHER
Full Name: William F. Jackson	Full Maiden Name: Neva Anna Green
Residence: Livingston, Ariz.	Residence: Livingston, Ariz.
Color or Race: White; Age at last Birthday 37 (Years)	Color or Race: White; Age at last Birthday 37 (Years)
Birthplace: Texas	Birthplace: Texas
Occupation: Canal Inspector	Occupation: Housewife

Number of child of this mother 9 | Number of children, of this mother, now living 9 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct. 9, 1914, at 10.40 P. 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 supplemental report 191

Address

Filed Dec 17 1914 B. G. Fox LOCAL REGISTRAR.

415-1009-575 COUNTY REGISTRAR.

Filed Jan 5 1916 A True Copy B. G. Fox COUNTY REGISTRAR.