

666

Midwife with each local Registrar within 5 days after birth.

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

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
**ORIGINAL CERTIFICATE OF BIRTH**  
 State Index No. 108  
 Co. Register No. 397  
 Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Elvis Alton 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 } Legitimate? yes } Date of Birth Dec. 26 1914  
 (Month) (Day) (Yr.)

**FATHER**  
 Full Name Robert R. Jackson  
 Residence Globe, Ariz.  
 Color or Race White Age at last Birthday 40 (Years)  
 Birthplace Gatesville, Texas  
 Occupation Rancher

**MOTHER**  
 Full Maiden Name Ella Powers  
 Residence Globe, Ariz.  
 Color or Race White Age at last Birthday 33 (Years)  
 Birthplace Texas  
 Occupation Housewife

Number of child of this mother... 2 Number of children, of this mother, now living... 2 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 Dec. 26, 1914, at 8.40 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 30 1914 [Signature] LOCAL REGISTRAR.  
 Filed Jan 10 1914 [Signature] COUNTY REGISTRAR.  
 A True Copy

515-1226-572  
 COUNTY REGISTRAR.