

4177

the number of each, in order of birth. Midwife with each local Registrar within 9 days after birth. This must be filed by the attending Physician.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Cochise BUREAU OF VITAL STATISTICS 47 State Index No. 433
District of Douglas ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 632
Town of Douglas Local Registrar's No. _____
or _____
City of _____ (No. Calumet Hospital St. _____ Ward)

FULL NAME OF CHILD Arthur Ewell Jamison } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child m { Free } and { Number in order of birth 1 } Legitimate? yes Date of Birth Nov 12 1915
(Month) (Day) (Yr.)
Full Name FATHER Arthur Ewell Jamison Full Maiden Name MOTHER Effie Redd
Residence Douglas Ariz Residence Douglas Ariz
Color or Race White Age at last Birthday 25 Color or Race White Age at last Birthday 24
(Years) (Years)
Birthplace Utah Birthplace Utah
Occupation mercantile Occupation Housewife

Number of child of this mother... 1 Number of children, of this mother, now living... 1 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 Nov 12 1915, at 7 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 supplemental report _____ 1915 Address Douglas Ariz

Filed NOV 18 1915

LOCAL REGISTRAR. [Signature]

COUNTY REGISTRAR. _____ Filed Dec 17 1915 True Copy [Signature] COUNTY REGISTRAR.