1375

Midwife with each birth, signed, this certificate must be filed by the attending Physician or local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Yavapai

District of Walnut Grove

Town of ..... or City of ..... (No ..... St; ..... Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

524 State Index No. 1389

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 320

Local Registrar's No. .....

FULL NAME OF CHILD Zola Margret 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
girl					Dec (Month) Twe (Day) 1916 (Yr.)

FATHER

Full Name: Isaac Newton Jackson

Residence: Walnut Grove

Color or Race: ..... Age at last Birthday: 21 (Years)

Birthplace: Walnut Grove

Occupation: Farmer

MOTHER

Full Maiden Name: Beulah Willey

Residence: Bingham Neb

Color or Race: Irish Age at last Birthday: 21 (Years)

Birthplace: .....

Occupation: Farmers Daughter

Number of child of this mother: 1 | Number of children, of this mother, now living: 1 | 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 Dec 26 1916, at 10 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Mrs S A D Jackson (Attending physician, midwife, householder.*)

Address Walnut Grove

Given or christian name added from a supplemental report ..... 191.....

Filed ..... 191.....

A. W. Cole
LOCAL REGISTRAR.

915-1326-268
COUNTY REGISTRAR.

Filed 1/18 1917 A True Copy

John A. Lima
COUNTY REGISTRAR.