

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. **173**
Co. Register No. **125**
Local Registrar's No. _____

PLACE OF BIRTH
County of Gila
District of Maricopa & Hayden
Town of Hayden
City of _____
St: _____ Ward)

ORIGINAL CERTIFICATE OF BIRTH

Full Name of Child Jacqueline Gardner Gattle } Born } YES
 } Alive } NO

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

Sex of Child <u>Female</u>	Twin, Triplet or other <u>✓</u>	and	Number in order of birth <u>2</u>	Legitimate? <u>Yes</u>	Date of Birth <u>March 20th 1917</u> (Month) (Day) (Yr.)
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FATHER		MOTHER	
Full Name <u>Frank Herbert Gattle</u>	Residence <u>Hayden Arizona</u>	Full Maiden Name <u>Cybil Gardner</u>	Residence <u>Hayden Arizona</u>
Age at last Birthday <u>47</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>26</u> (Years)	Color or Race <u>White</u>
Birthplace <u>Richmond Va.</u>	Occupation <u>Theatre manager</u>	Birthplace <u>Santa Cruz Calif</u>	Occupation <u>Housewife</u>

Number of child of this mother... 2 ... 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 March 20, 1917, at 3:35 P.M.

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

(Signature) Charles H. Lovin
(Attending physician, midwife, householder.)*

Address Hayden Arizona

Given or christian name added from a supplemental report _____ 1917

Filed March 30 1917

LOCAL REGISTRAR.

135 - 330 - 319
COUNTY REGISTRAR.

Filed Apr 23 1917

A True Copy By [Signature]

COUNTY REGISTRAR.