208

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142

Co. Register No. 3344

Local Registrar's No. 1

PLACE OF BIRTH

County of Gila

District of Frickelman & Hyde

Town of Hayden

or

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

FULL NAME OF CHILD John C. James

Born / Alive — YES / ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	July (Month) 14 (Day) 1917 (Yr.)

FATHER		MOTHER	
Full Name	John C. James	Full Maiden Name	Edna Gilliland
Residence	Hayden	Residence	Hayden
Color or Race	Wh	Color or Race	Wh
Age at last Birthday	25 (Years)	Age at last Birthday	25 (Years)
Birthplace	Okla	Birthplace	Ariz.
Occupation	Classifier (Copper mill)	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 July 14th 1917 at 6 A.M.

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

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

Address Hayden

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

Filed July 25 1917

H. J. Roberts LOCAL REGISTRAR.

A True Copy

112-714-574 COUNTY REGISTRAR.

Filed Aug 6 1917

B. G. Fox COUNTY REGISTRAR.