

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Yuma
District of Phoenix
Town of Phoenix
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 162
Co. Register No. 9
Local Registrar's No. _____
(No. _____ St; _____ Ward)

Full Name of Child Leopold Shull James } Born } YES
 } Alive }

Sex of child M Twin, Triplet or other 1 and Number in order of birth 2 Legitimate? Yes Date of Birth 7/13 1919
(Month) (Day) (Yr.)

FATHER
Full Name L. S. James
Residence Phoenix
Color or Race Wh Age at last Birthday 37
(Years)
Birthplace NY
Occupation Steam Engineer

MOTHER
Full Maiden Name Anna Cochran Simpson
Residence Phoenix
Color or Race Wh Age at last Birthday 31
(Years)
Birthplace Ill
Occupation X

Number of children 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 7-13 1919 at 10:00 AM.
*When there is no attending physician or midwife, then the householder could make this return.

(Signature) Charles E. Jones
(Attending physician, midwife, householder.)*

Address Phoenix Arizona

Supplemental report _____ 191_____
Filed 1/30/20 19120 LOCAL REGISTRAR.
Filed Jul 5 19120 A True Copy COUNTY REGISTRAR.

312-113-125
COUNTY REGISTRAR.