1086

N. B.—In case of more than one child at a birth, a [illegible] the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 745

Co. Register No. 732

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

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

FULL NAME OF CHILD Soloman Brandt Jackson

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

Born / Alive: YES ~~NO~~

Sex of Child: male | Twin, Triplet or other: one | and | Number in order of birth: one | Legitimate: yes | Date of Birth: Dec (Month) 28 (Day) 1919 (Yr.)

FATHER	MOTHER
Full Name: Soloman Jackson	Full Maiden Name: Alice Viola Hofert.
Residence: Miami Ariz.	Residence: Miami Ariz.
Color or Race: White	Color or Race: White
Age at last Birthday: 21 (Years)	Age at last Birthday: 24. (Years)
Birthplace: Kansas.	Birthplace: Illinois.
Occupation: Repair man at smelter	Occupation: House wife.

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 Dec 28 1919, at 8.10 P. M.

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

(Signature) B. N. Hardy M.D.
(Attending physician, midwife, householder.*)

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

Address Miami Ariz.

Filed Dec 31 1919

N. D. Brayton
LOCAL REGISTRAR.

215-1229-183
COUNTY REGISTRAR.

Filed Jan 6 1920

A True Copy

B. T. Fox
COUNTY REGISTRAR.