

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Yuma

BUREAU OF VITAL STATISTICS

State Index No. 152

District of Phoenix

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 687

Town of Miami

Local Registrar's No. _____

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

FULL NAME OF CHILD Cora Mildred Jefferson { Born } Yes
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive }

Sex of Child F Twin, Triplet or other 1 and { Number in order of birth 2 Legitimate? Yes Date of Birth Nov 15 1920
(Month) (Day) (Yr.)

FATHER
Full Name Emmett Jefferson
Residence Miami
Color or Race White Age at last Birthday 24 (Years)
Birthplace Arizona
Occupation Laundry Worker

MOTHER
Full Maiden Name Mabel Moss
Residence Miami
Color or Race White Age at last Birthday 23 (Years)
Birthplace Texas
Occupation H

Number of child 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 the above child; and that it occurred on Nov 15 1920, at 5:40 P.M.

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

(Signature) Charles E. Tom (Attending physician, midwife, householder)

Given or Christian name added from a

Address Miami

supplemental report _____ 192 _____

Filed 11/30 1920

J. H. Blaugher LOCAL REGISTRAR.

315-1115-442 COUNTY REGISTRAR.

Filed 12/8 1920 A True Copy

R. S. Gray COUNTY REGISTRAR.