4170

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150
Co. Register No. 762
Local Registrar's No. 76

PLACE OF BIRTH

County of Gila
District of
Town of Hayden
or
City of
(No. St; Ward)

FULL NAME OF CHILD Joseph Jameson

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

Born Alive: YES ~~NO~~

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
male			2	yes	Dec. 8th 1920

FATHER		MOTHER	
Full Name	James Jameson	Full Maiden Name	Isabel Gorney
Residence	Hayden, Arizona	Residence	Hayden, Ariz.
Color or Race	White	Color or Race	Spanish
Age at last Birthday (Years)	36	Age at last Birthday (Years)	28
Birthplace	Barshaw, Ariz.	Birthplace	Globe, Arizona
Occupation	Clerk	Occupation	Housewife

Number of child of this mother 7 | Number of children, of this mother, now living 5 | 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. 8th 1920, at 7 P. M.

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

(Signature) Dr. W. G. Carson
(Attending physician, ~~midwife, householder.~~)

Address Hayden, Arizona

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

Filed Dec 9 1920 — LOCAL REGISTRAR.

115-1208-878
COUNTY REGISTRAR.

Filed Jan 18 1921 — A True Copy
COUNTY REGISTRAR.

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.