

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH			
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>1187</u>	
District of _____		ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>287</u>	
Town of _____				Local Registrar No. _____	
or _____					
City of <u>Globe.</u>				St. _____ Ward _____	
2. Full name of child <u>Jessie La Fayette McDonald</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)					
3. Sex of Child <u>M.</u> To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? _____ 7. Date of birth <u>May 4 1923</u> Month Day Year					
8. FATHER Full name <u>Christopher Columbus McDonald</u>			14. MOTHER Full maiden name <u>Mamie Jones</u>		
9. Residence (Usual place of abode) <u>Globe Ariz.</u> If nonresident, give place and state <u>St. Superior Mo. ex.</u>			15. Residence (Usual place of abode) <u>Globe Ariz.</u> If nonresident, give place and state _____		
10. Color or race <u>W.</u>		11. Age at last birthday <u>44</u> (Years)		16. Color or race <u>W.</u>	
12. Birthplace (city or place) <u>Gaines County</u> (State or country) <u>Okla.</u>		13. Birthplace (city or place) <u>McCurran Co</u> (State or country) <u>Oklahoma.</u>		17. Age at last birthday <u>36</u> (Years)	
13. Occupation <u>Laborer</u> Nature of industry _____			19. Occupation <u>Housewife</u> Nature of industry _____		
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>2</u> (c) Stillborn _____			21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of this child, who was <u>Alive</u> (Born alive or stillborn.) at <u>2a</u> m. on the date above stated.					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			Signature <u>H. J. Jot</u> (Physician or midwife)		
Address _____			Given name added from a supplemental report _____		
Month, day, year _____			Filed <u>May 7, 1923</u>		
Registrar. _____			Filed <u>6-58</u> 1923		
			Local Registrar. <u>B. J. Jot</u>		
			County Registrar. _____		

144-504-412