

1027

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma District of _____ Town of _____ or City of Globe No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) State Index No. 190 County Registrar No. 503 Local Registrar No. _____

2. Full name of child Zada Ozana Jackson (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 7 27 1923 Month Day Year

8. FATHER Full name <u>Thomas A. Nelson</u>		14. MOTHER Full maiden name <u>Ozana Jackson</u>	
9. Residence (Usual place of abode) <u>Globe Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state	
10. Color or race <u>W</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>27</u> (Years)
12. Birthplace (city or place) <u>Tempeled New Mexico</u> (State or country)		18. Birthplace (city or place) <u>Globe Ariz</u> (State or country)	
13. Occupation <u>Miner</u> Nature of industry		19. Occupation <u>H. W.</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 1 (b) Born alive but now dead 1 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P m. on the date above stated. (Born alive or stillborn.)

*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 G. E. Wightman (Physician or midwife)
Address Globe Ariz

Given name added from supplemental report _____ Month, day, year. Filed 8-11-1923 W. J. Fox Local Registrar.
Registrar. Filed 9-1-1928 W. J. Fox County Registrar.

915-727-115