

2114

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 Maricopa District of _____
Town of Miami or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 153
County Registrar No. 224
Local Registrar No. _____

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

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth March 14-1924
Month Day Year

8. FATHER Full name <u>Carnest Houser Jessup</u>		14. MOTHER Full maiden name <u>Luinna Fred</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday <u>22</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Denton, Texas</u> (State or country)		18. Birthplace (city or place) <u>Rock Springs, Texas</u> (State or country)	
13. Occupation Nature of industry <u>Clerk</u>		19. Occupation Nature of industry <u>Housewife</u>	
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>1</u> (b) Born alive but now dead _____ (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 born (Born alive or stillborn.) at 11:24 a.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 Eyrl M. Brown, M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____

Filed Mar 31, 1924 C. E. Dwin Local Registrar.
Filed 4-5, 1924 B. G. Gray County Registrar.

017-314-361