

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

PLACE OF BIRTH
1. County of Gila
District of _____
Town of _____
or _____
City of Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Edward Jennings (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. Legitimate? yes 6. Date of birth 4-7-24 (Month Day Year)

<p>8. FATHER Full name <u>William Oliver Jennings</u> 9. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state <u>Arizona</u> 10. Color or race <u>White</u> 11. Age at last birthday <u>30</u> (Years)</p>	<p>14. MOTHER Full maiden name <u>Jeanette Louise Isaac</u> 15. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state <u>Arizona</u> 16. Color or race <u>White</u> 17. Age at last birthday <u>26</u> (Years)</p>
<p>12. Birthplace (city or place) <u>Aspen</u> (State or country) <u>Colorado</u> 13. Occupation <u>Salesman</u> Nature of industry <u>Service Station</u></p>	<p>18. Birthplace (city or place) <u>Louisville Ky</u> (State or country) <u>Kentucky</u> 19. Occupation _____ Nature of industry <u>Housewife</u></p>

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 2
(b) Born alive but now dead 0
(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 born alive at 9:10 A. 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 C. W. Adams (Physician or midwife)
Address Globe, Arizona

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

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