PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156

County Registrar No. 560

Local Registrar No.

No. M. + I. Hosp. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Jackson } 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 6 | 6. Legitimate? yes | 7. Date of birth July 22-1924. Month day year

8. FATHER

Full name Temple Jackson

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

10. Color or race Cauc. | 11. Age at last birthday 51 (Years)

12. Birthplace (city or place) Gainsville

(State or country) Ala.

13. Occupation

Nature of industry Bookkeeper

14. MOTHER

Full maiden name Ethel Jenkins

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

16. Color or race Cauc. | 17. Age at last birthday 34 (Years)

18. Birthplace (city or place) Pachuca,

(State or country) Mex.

19. Occupation

Nature of industry Housewife

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 5
(b) Born alive but now dead
(c) Stillborn 1

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 stillborn at 5 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 evidences of life after birth.

Signature Cyril M. Crow M.D.

(Physician ~~or midwife~~)

Address Miami, Arizona

Given name added from a supplemental report

Month, day, year.

Filed July 31, 1924 [signature] Local Registrar.

Registrar.

Filed AUG 5 1924 [signature] County Registrar.

015-722-512

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.

RECEIVED JUN 26 1944 ARIZONA STATE DEPT. OF HEALTH