

2122

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Globe
Town of _____
or Globe
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145
County Registrar No. 768 970
Local Registrar No. _____

No. 623 Fegan (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child F 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 12 6 - 24 Month Day Year

8. Gerald Lawrence Jackson FATHER Full name

14. Alma Grant MOTHER Full maiden name

9. Residence (Usual place of abode) 623 Fegan Globe If non-resident, give place and state.

15. Residence (Usual place of abode) same If non-resident, give place and state.

10. Color or race w 11. Age at last birthday 26 (Years)

16. Color or race w 17. Age at last birthday 74 (Years)

12. Birthplace (city or place) Onalaska Tex (State or country)

18. Birthplace (city or place) Wralde Tex (State or country)

13. Occupation Diamond Driller Nature of industry

19. Occupation Housewife 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 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 6 AM 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 [Signature] (Physician or midwife). Address _____

Given name added from a supplemental report _____ Filed 12-10-24 B.G. Gray Local Registrar. Filed 1-5-26 B.G. Gray County Registrar.

415-1206-175

* Be made for each and the number of each in order of birth stated.