

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 498
County Registrar No. 6
Local Registrar No. 1

PLACE OF BIRTH
1. County of Yavapai
District of Shoublow
Town of Show Low
or
City of _____ No. _____ St. _____ Ward _____

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

2. Full name of child Bessie Clara Cook

(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 _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Jan 26 1925
Month Day Year

8. FATHER
Full name James F Cook

14. MOTHER
Full maiden name Pica Adams

9. Residence (Usual place of abode) Show Low Ariz
If non-resident, give place and state.

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

10. Color or race White
11. Age at last birthday 23 (Years)

16. Color or race White
17. Age at last birthday 15 (Years)

12. Birthplace (city or place) Texas
(State or country)

18. Birthplace (city or place) Show Low, Ariz
(State or country)

13. Occupation
Nature of Industry Miner

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 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 Female at 12 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 Laura S. Stratton (Physician or midwife.)
Address Show Low Ariz

Given name added from a supplemental report. Filed Jan 31, 1925 Emma Whipple Local Registrar.
Month, day, year
Filed Feb 2, 1925 John R. Walls County Registrar.
Registrar _____

232-126-413

WHEN PLACED IN THIS READING INK-TRAY IS A PERMANENT RECORD OF THE BIRTH AND THE NUMBER OF EACH IN ORDER OF BIRTH. FILE IN ORDER OF BIRTH.