

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Globe  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147  
 County Registrar No. 158  
 Local Registrar No. 20

2. Full name of child Baby Jernigan  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 ) 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 Feb. 16, 1920  
 Month day year

8. FATHER  
 Full name Luther Earle Jernigan  
 9. Residence (Usual place of abode) Globe, Ariz.  
 If nonresident, give place and state \_\_\_\_\_  
 10. Color or race white  
 11. Age at last birthday 24 (Years)  
 12. Birthplace (city or place) Statch City  
 (State or country) Missouri  
 13. Occupation  
 Nature of industry Miner

14. MOTHER  
 Full maiden name Charlotte Oakes  
 15. Residence (Usual place of abode) Globe, Ariz.  
 If nonresident, give place and state \_\_\_\_\_  
 16. Color or race white  
 17. Age at last birthday 17 (Years)  
 18. Birthplace (city or place) Benton Co.  
 (State or country) Ark.  
 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 0  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn 1  
 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was stillborn at 4:20 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 evidences of life after birth.  
 Signature T. C. Harper, M. D.  
 Address Globe, Ariz.  
 (Physician ~~certified~~)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year. Filed 3/9 1920 G. E. Dugliss  
 Local Registrar.

Registrar.

Filed 3/9 1920 G. E. Dugliss  
 County Registrar.

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