PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186

County Registrar No.

Local Registrar No. 26

No. St. Ward

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

2. Full name of child Patricia Ruth 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 5 (Month) 11 (Day) 25 (Year)

8. FATHER

Full name Marvin Jackson

9. Residence (Usual place of abode) Globe

If non-resident, give place and state.

10. Color or race W.

11. Age at last birthday 18 (Years)

12. Birthplace (city or place) Globe

(State or country) Ariz

13. Occupation

Nature of Industry Rancher,

14. MOTHER

Full maiden name Fanny Vorsey

15 Residence (Usual place of abode) Globe,

If non-resident, give place and state. Ariz

16 Color or race W.

17. Age at last birthday 17 (Years)

18. Birthplace (city or place) Okla

(State or country)

19. Occupation

Nature of Industry H. W.

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

(c) Stillborn

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 alive (Born alive or stillborn.) at 5:45 P.m. on the date above stated

* 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. A. Perkins (Physician or midwife).

Address Miami Ariz

Given name added from a supplemental report

Month, day, year

Filed May 29, 19 25

C. E. Irwin

Local Registrar.

Registrar

Filed, 19

County Registrar.

715-511-748

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD