

WRITE FULLY 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

1. County of Yavapai  
 District of Prescott  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Prescott

ARIZONA STATE BOARD OF HEALTH

613

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 34  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Jessie Marie Savage (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 Female 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 June 8, 1925  
 Month Day Year

8. FATHER  
 Full name Emmett Gordon Savage  
 9. Residence (Usual place of abode) Walker, Arizona  
 If non-resident, give place and state.  
 10. Color or race White  
 11. Age at last birthday 31 (Years)  
 12. Birthplace (city or place) Kansas  
 (State or country)  
 13. Occupation Mining  
 Nature of industry

14. MOTHER  
 Full maiden name Mary Mina Stevenson  
 15. Residence (Usual place of abode) Walker, Arizona  
 If non-resident, give place and state.  
 16. Color or race White  
 17. Age at last birthday 78 (Years)  
 18. Birthplace (city or place) Colo  
 (State or country)  
 19. Occupation House-wife  
 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 one  
 (b) Born alive but now dead none  
 (c) Stillborn none  
 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 Jessie Marie Savage (Born alive or stillborn) June 8, 1925 1:00 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 A. M. Kossney  
 Address Prescott, Arizona (Physician or Midwife)

Given name added from a supplemental report. Month, day, year \_\_\_\_\_  
 Filed 6-9-1925  
Harry T. Southworth Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

425-608-425