

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yavapai
 District of walnut grove BUREAU OF VITAL STATISTICS State Index No. 622
 Town of _____ ORIGINAL CERTIFICATE OF BIRTH County Registrar No. _____
 or _____ Local Registrar No. 1
 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 Dorothy Mae Jackson { If child is not yet named, make supplemental report, as directed.

3. Sex of Child girl 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 Nov 20 Friday 1925
 Month Day Year

8. FATHER
 Full name Newton Isaac Jackson
 9. Residence (Usual place of abode) walnut grove
 If non-resident, give place and state. Arizona
 10. Color or race 30
 11. Age at last birthday (Years)

14. MOTHER
 Full maiden name Bilah Elva Jackson
 15. Residence (Usual place of abode) walnut grove
 If non-resident, give place and state. Arizona
 16. Color or race 29
 17. Age at last birthday (Years)

12. Birthplace (city or place) walnut grove
 (State or country) Arizona
 13. Occupation Painter
 Nature of industry

18. Birthplace (city or place) Bingham
 (State or country) Nebraska
 19. Occupation Painters wife
 Nature of industry

20. Number of children of this mother 2 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
 (Taken as of time of birth of child herein certified and including this child.) 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 Dorothy Mae at Nov 20 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 Mrs. Mollie Jackson (Physician or midwife).
 Address walnut grove Arizona

Given name added from a supplemental report _____ Filed Nov. 25th 1925 H. W. Cole Local Registrar.
 Month, day, year

Registrar _____ Filed _____, 19 _____ County Registrar.

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.

415-1120-215