189 v

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 83

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. L 24 Line Oak - Insp. St. Ward

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

2. Full name of child Jewell Cleanon O'Dell { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male | 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. 24 1928. Month Day Year

8. FATHER

Full name Jewell Cleanon O'Dell

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Cauc. | 11. Age at last birthday 21 (Years)

12. Birthplace (city or place) Hopkinsville, Ken.

(State or country)

13. Occupation Painter

Nature of industry Insp. C. Cop. Co.

14. MOTHER

Full maiden name Maude Jacobson

15 Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16 Color or race Cauc. | 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Colonia Dublan

(State or country) Chih. Mexico

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 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 born alive (Born alive or ~~stillborn~~) at 4 40 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 Cyril M. Crow M.D.

Physician (Physician ~~or midwife~~).

Given name added from a supplemental report Month, day, year

Address Miami, Arizona

Filed Feb 29, 1928 C. E. [illegible] Registrar

Registrar

163-224-415

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth stated.