

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 163

Registered No. 164

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 9 Warrior Siding St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jackson Claynel Chandler
 (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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Apr. 28-1928
 Month Day Year

8. FATHER Full name Andrew Jackson Chandler

14. MOTHER Full maiden name Lottie Leta Hinton

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 24 (Years)

16. Color or race Cauc. 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Deming
 (State or country) New Mex.

18. Birthplace (city or place) Jayton
 (State or country) Texas

13. Occupation Nature of industry Truckman

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. |
 (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 at 6:26 A. m. on the date above stated.
 (Born alive or stillborn)

Signature Beryl M. Brown M.D. Physician
 (Physician or midwife)

Given name added from _____ Address Miami, Arizona
 a supplemental report. Month, day, year

Filed May 5, 1928 Registrar E. E. Tom

139-428-385