

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

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
District of Young
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128
County Registrar No. _____
Local Registrar No. _____

2. Full name of child James Andrew Ross
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 June 1 1928
Month day year

3. FATHER
Full name Geo W. Ross Jr.
9. Residence (Usual place of abode) Young
If nonresident, give place and state _____
10. Color or race White
11. Age at last birthday 49 (Years)
12. Birthplace (city or place) Mound City
(State or country) Mo.
13. Occupation Farmer
Nature of industry _____

14. MOTHER
Full maiden name Grace Oving
15. Residence (Usual place of abode) Young
If nonresident, give place and state _____
16. Color or race White
17. Age at last birthday 34 (Years)
18. Birthplace (city or place) _____
(State or country) Montana
19. Occupation Housewife
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 7
(b) Born alive but now dead 1
(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 4 A.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 evidences of life after birth.
Given name added from a supplemental report _____
Signature Ola Young, midwife
(Physician or midwife)
Address Young Army
Filed June 5 1928 Local Registrar.
Month, day, year. _____
Filed _____ 19 _____
County Registrar.

192-601-767