

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1551

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township San Carlos or Village _____

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

2. Full name of child Stillborn Jackson If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate?	7. Date of birth.
<u>male</u>			<u>yes</u>	<u>6/12/28</u> Month Day Year

8. FATHER
Full name Wiley Jackson

14. MOTHER
Full maiden name Belle James

9. Residence (Usual place of abode) San Carlos, Ariz.
If non-resident, give place and state.

15. Residence (Usual place of abode) San Carlos, Ariz.
If non-resident, give place and state.

10. Color or race 4/4 Indian

16. Color or race 4/4 Indian

11. Age at last birthday 41 (Years)

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) San Carlos, Ariz.
(State or country)

18. Birthplace (city or state) Whiteriver, Ariz.
(State or country)

13. Occupation
Nature of industry common labor

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.....	<u>0</u>
(b) Born alive but now dead.....	<u>0</u>
(c) Stillborn.....	<u>0</u>

21. Were precautions taken against ophthalmia neonatorum.
no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 9 P. 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 returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature @ H Sawyer M.D.
(Physician or midwife).

Given name added from _____ Address San Carlos Ariz.

Month, day, year _____
 Registrar. _____ Filed _____, 19 _____ C.H. Sawyer. Registrar.

015-612-212

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.