ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 159

Local Registrar's No.

1. PLACE OF BIRTH

County Gila State

District or Township Dripping Springs 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 Jesse Floyd Jones (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 Jan 19 1929 (Month Day Year)

8. FATHER

Full name Sam L Jones

9. Residence (Usual place of abode) Winkelman

If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 53 (Years)

12. Birthplace (city or place) (State or country) Texas

13. Occupation Nature of industry Cow boy

14. MOTHER

Full maiden name Annie Isabel Teague

15. Residence (Usual place of abode) Winkelman

If non-resident, give place and state.

16. Color or race White

17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Fort Thomas (State or country) Ariz

19. Occupation Nature of industry House Wife

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 6

(b) Born alive but now dead 4

(c) Stillborn 2

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 ~~or stillborn~~) at 6 A 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 Charles B Hutchins MD

(Physician ~~or midwife~~).

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

Address

112-119-135

Registrar

Filed Feb 5 1929 P L Hutton

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD