

2398

ARIZONA STATE BOARD OF HEALTH 129

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 615² ✓

Registered No. 39

PLACE OF BIRTH

County Cocconino State Arizona
City or Township Fredonia or Village Fredonia

Name of child Lindell Woodrow Jackson
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

Sex of Child Male To be answered ONLY in event of plural births.
4. Twin, triplet or other No
5. No., in order of birth 9
6. Legitimate? Yes
7. Date of birth Feb 16, 1918
Month Day Year

FATHER
Name Robert Alexander Jackson
Residence (Usual place of abode) Fredonia
If non-resident, give place and state. Arizona
Color or race White
Age at last birthday 48 (Years)
Birthplace (city or place) Nephi
State or country Utah
Occupation Stockraising
Nature of industry

MOTHER
Full maiden name Estella Pratt
Residence (Usual place of abode) Fredonia
If non-resident, give place and state. Arizona
Color or race White
Age at last birthday 41 (Years)
Birthplace (city or place) Toquerville
State or country Utah
Occupation Housekeeping
Nature of industry

Number of children of this mother 9
Sexes of time of birth of child herein (a) Born alive and now living 9 (b) Born alive but now dead (c) Stillborn
21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I certify that I attended the birth of this child, who was alive at 5:09 a.m. on the date above stated (Born alive or stillborn.)

Signature [Signature] (Physician or midwife)

Name added from supplemental report Feb. 16, 1918
Month, day, year

Registrar Lindell Woodrow
Address [Address]
Filed Jan 20, 1919 [Signature] Registrar

315-216-573