

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 428
Registered No. 1750

1. PLACE OF BIRTH

County Maricopa State Arizona
District or Township _____ or Village _____
City Phoenix No. N. Samaritan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jessie Fletcher (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 Dec-22-28
Month Day Year

8. FATHER
Full name Jessie William Fletcher

14. MOTHER
Full maiden name Thinnie Dawson

9. Residence 330 W. 18th Avenue
(Usual place of abode) Phoenix - Arizona
If non-resident, give place and state.

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

10. Color or race white 11. Age at last birthday 31 (Years)

16. Color or race white 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) _____
(State or country) Canada

18. Birthplace (city or place) Buena Vista
(State or country) Colorado

13. Occupation Boysen
Nature of industry

19. Occupation Housework
Nature of industry

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 05 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 return: A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. B. Sharp M.D.
(Physician or midwife.)

Given name added from a supplemental report _____ Address Phoenix

Month, day, year _____ Filed 1-7-29 19 _____ Registrar

169-1222-345

ADDITIONAL INFORMATION TO BE FURNISHED BY THE REGISTRAR
SEPARATE RETURN must be made for each, and the number of birth stated.

WRITE PLAINLY
N. B.—In case of more than one child at a birth