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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 137

PLACE OF BIRTH  
County of Pinal  
District of  
Town of Ray  
or  
City of

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 441

Local Registrar's No.

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)  
FULL NAME OF CHILD Clyde E. Jacob } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Female } Twin, Triplet or other } and } Number in order of birth 3 } Legitimate? Yes } Date of Birth Aug 16 1918  
Month Day Yr.

FATHER  
Full Name Clyde E. Jacob  
Residence Ray Az  
Color or Race White Age at last Birthday 23 Years  
Birthplace Alaska  
Occupation Engineer

MOTHER  
Full Maiden Name Hortense Nelson  
Residence Ray Az  
Color or Race White Age at last Birthday 25 Years  
Birthplace Silver City N. M.  
Occupation Housewife

Number of child of this Mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug 16 1918, at 3A. M.

\*When there is no attending physician or midwife, then the householder should make this return.

Signature J. A. Pruett  
Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 1918

Address Ray Az.

333-816-855  
COUNTY REGISTRAR.

Filed \_\_\_\_\_ 1918  
A True Copy  
Filed Sept 6 1918  
Dr. J. E. Crawford LOCAL REGISTRAR.  
W. W. Carson  
W. J. Carson COUNTY REGISTRAR.

the number of the local Registrar within 2 or midwife with each local Registrar within 2