PLACE OF BIRTH

County of MONTGOMERY

Township of

or

Village of

or

City of [illegible]

No. 404 W. 3rd. St.

1 Ward.

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. [illegible] File No. 587

Primary Registration District No. 8390 Registered No.

FULL NAME OF CHILD Yee Roy Duron Jackson (If child is not yet named, make supplemental report, as directed)

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 28, 1924

FATHER		MOTHER	
FULL NAME	Yee Jackson	FULL MAIDEN NAME	Myrtle Jackson
RESIDENCE Including P. O. Address	404 W. 3rd. St.	RESIDENCE Including P. O. Address	Same
COLOR OR RACE	Chinese	COLOR OR RACE	Colored
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	California	BIRTHPLACE	Miss.
OCCUPATION AND INDUSTRY	Foundry	OCCUPATION AND INDUSTRY	Nurse

NUMBER OF CHILDREN BORN AND LIVING

Number of children born alive to this mother, including this child (if born alive) 2

Number of children of this mother living, including this child (if born alive) 2

Was Prophylactic against Ophthalmia Neonatorum used? Yes

(On request, Prophylactic and literature furnished free by OHIO DEPARTMENT OF HEALTH)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child born to Myrtle Jackson (Mother's Name) and that the child was alive (Born Alive or Stillborn) at 9:15 P. M., on the date above stated.

(Signature) A. A. Smith M.D.

Date 192 Address Dayton, O.

PHYSICIAN OR MIDWIFE

* 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.

Given name added from a supplemental report

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must be made for each, and the number of each child, in order of birth, stated