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 child, in order of birth, stated

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of MONTGOMERY
Township of
or
Village of
or
City of Dayton, O.

Registration District No. 904 File No. 513

Primary Registration District No. 8370 Registered No.

No. 404 W. Third St., 1 Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME OF CHILD Yee Yet Yute Moy Jackson
If child is not yet named, make supplemental report, as directed

Sex of Child	Twin, triplet or other?	Number in order of birth	Legitimate	Date of birth
Female			yes	2 (Month) 20 (Day) 1926 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Yee Jackson	FULL MAIDEN NAME	Myrtle Robinson
RESIDENCE Including P. O. Address	404 W. Third	RESIDENCE Including P. O. Address	Same
COLOR or RACE	Chinese	COLOR or RACE	Colored
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Cal.	BIRTHPLACE	Mich.
OCCUPATION AND INDUSTRY	Laundry	OCCUPATION AND INDUSTRY	Wife

NUMBER OF CHILDREN BORN AND LIVING
Number of children born alive to this mother, including this child (if born alive) 3
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 7:30 P. M., on the date above stated.

(Signature) A. A. [illegible]

*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.

Date .... 192.... Address Dayton, O.

PHYSICIAN OR MIDWIFE

Given name added from a supplemental report

.... 192....

Filed FEB 25 1926 .... 192....

REGISTRAR