

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 108
County Registrar No. _____
Local Registrar No. 64

PLACE OF BIRTH
1. County of Gila
District of _____
Town of _____
or Globe
City of _____

2. Full name of child Betty Louise Sherritt
No. County Hospital St. 64 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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 March 2, 1927
Month Day Year

8. FATHER
Full name Wm James Sherritt

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

10. Color or race White
11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Washua Iowa
(State or country)

13. Occupation Barber
Nature of Industry

14. MOTHER
Full maiden name Rose Freida Bucher

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

16. Color or race White
17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Zumbrodt Falls Minn
(State or country)

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was Rose Freida Bucher at 9 H 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 Charles E. Dinn M.D.
Address Miami Arizona
(Physician or midwife.)
Given name added from a supplemental report. Month, day, year 3-31-27 Filed 11 11 27
Registrar _____ Local Registrar _____
County Registrar _____

223-307-929