ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. [illegible]

Registered No.

County Apache State Arizona

Township or Village

City St. Johns No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Harris Greer (If child is not yet named, make supplemental report, as directed)

3. Sex male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth Sept 25, 1932 (Month, day, year), 19

FATHER	MOTHER
9. Full name Leland Camp Greer	18. Full maiden name Alice Geneva Crosby
10. Residence (usual place of abode) (If non-resident, give place and State) St. Johns, Ariz.	19. Residence (usual place of abode) (If non-resident, give place and State) St. Johns, Ariz.
11. Color or race white 12. Age at last birthday 24 (Years)	20. Color or race white 21. Age at last birthday 21 (Years)
13. Birthplace (city or place) St. Johns (State or country) Arizona	22. Birthplace (city or place) Mesa (State or country) Arizona
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work, 19 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work, 19 26. Total time (years) spent in this work since marriage

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months or weeks | 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 30 a.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) [illegible] Bauldin, M. D.

or Midwife

Address St Johns, Ariz

Filed Oct 31, 1932 Corinne Cowley Registrar.

Given name added from a supplemental report (Date of)

Corinne Cowley Registrar.

By Mrs. M. Cowley

179-925-138

By Mrs M. Cowley

see of more than one ... in order of birth stated.