

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 5

Registered No. _____

1. PLACE OF BIRTH

County Apache State ARIZONA
 Township St. Johns or Village _____
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Reta Irene Sherwood { If child is not yet named, make supplemental report, as directed

3. Sex <u>girl</u>	If plural births	4. Twin, triplets, or other.....	6. Premature..... Full term	7. Is mother married? <u>yes</u>	8. Date of birth <u>June 11</u> , 19 <u>37</u> <small>(Month, day, year)</small>
		5. Number, in order of birth.....			

9. Full name FATHER John William Sherwood

18. Full maiden name MOTHER Margorie Rabin

10. Residence (usual place of abode) (If non-resident, give place and State) St. Johns

19. Residence (usual place of abode) (If non-resident, give place and State) St. Johns

11. Color or race white 12. Age at last birthday 36 (Years)

20. Color or race white 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) (State or Country) St. Johns Apache

22. Birthplace (city or place) (State or Country) St. Johns Apache

14. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. mason

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home 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.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 7 yrs

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:03 pm 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.

(Signed) Karl L. Lipp, M. D.

Given name added from supplemental report 924-611-495 (Date of)

or _____ Midwife

Address St. Johns Filed July 1, 1937 Registrar J. Pauline

Registrar.

Registrar.

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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