

AMENDMENT ATTACHED

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 7

County of Apache

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 153

District of

Local Registrar's No. 44

Town of St. Johns

City of

(No. St. Ward)

FULL NAME OF CHILD

Born YES
Alive NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child female, Twin, Triplet or other, and Number in order of birth, Legiti. mate? yes, Date of Birth Nov. 25 1918 (Month) (Day) (Yr.)

FATHER: Full Name Albert Franklin Anderson, Residence St. Johns, Color or Race white, Age at last Birthday 29 (Years), Birthplace St. Johns, Occupation Druggist

MOTHER: Full Maiden Name Cora Sherwood Anderson, Residence St. Johns, Color or Race white, Age at last Birthday 38 (Years), Birthplace St. Johns, Occupation Housewife

Number of child of this mother 3, Number of children, of this mother, now living 3, Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Nov. 25 1918, at 7 a.m.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) L. C. Sherwood (Attending physician, midwife, householder.)

Given or christian name added from a supplemental report 191

Address St. Johns, Arizona

Filed 12/20 1918

LOCAL REGISTRAR

015-1125-324 COUNTY REGISTRAR.

Filed 1/10 1919

A True Copy J. H. Brown COUNTY REGISTRAR.