9922

supplement attached

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of APACHE

District of

Town of SAINT JOHNS, ARIZONA

or

City of (No. St.; Ward)

State Index No. 13

Co. Register No. 178

Local Registrar's No. 23

FULL NAME OF CHILD Sonja Claire Anderson

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

Born Alive YES

Sex of Child Female | Twin, Triplet or other and | Number in order of birth 4th | Legitimate? Yes | Date of Birth Jul 18th 1920 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Albert Franklin Anderson	Full Maiden Name	Cora Sherwood Anderson
Residence	SAINT JOHNS, ARIZONA	Residence	SAINT JOHNS, ARIZONA
Color or Race	White	Color or Race	White
Age at last Birthday	30 (Years)	Age at last Birthday	29 (Years)
Birthplace	St Johns Ariz	Birthplace	St. Johns Arizona
Occupation	Druggist	Occupation	Housewife

Number of child of this mother 4th | Number of Children, of this mother, now living 4 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jul 18th 1920, at [illegible] M.

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

(Signature) Mrs L. C. Sherwood

(Attending ~~physician~~, midwife, ~~householder~~.*)

Given or Christian name added from a supplemental report 1-13-26 ~~191~~

Address

Filed 8/18 1920

Martin Jensen

LOCAL REGISTRAR.

215-718-324

COUNTY REGISTRAR.

A True Copy

Filed Sep 10 191

J. Boulder

COUNTY REGISTRAR.