

783

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Apache PLACE OF BIRTH  
District of ST. JOHNS, ARIZONA.  
Town of ST. JOHNS, ARIZONA.  
or  
City of \_\_\_\_\_

State Index No. 8  
County Registrar No. 92  
Local Registrar No. 29

2. Full name of child Clyde Charles Overson (If birth occurred in a hospital or institution, give its NAME instead of street and number) No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth July 24, 1923  
5. No., in order of birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

<p>8. FATHER Full name <u>Clyde Charles Overson</u></p> <p>9. Residence (Usual place of abode) <u>St. Johns, Arizona.</u> If nonresident, give place and state</p> <p>10. Color or race <u>White</u></p> <p>11. Age at last birthday <u>70</u> (Years)</p> <p>12. Birthplace (city or place) <u>St. Johns</u> (State or country) <u>Arizona</u></p> <p>13. Occupation <u>Farmer</u> Nature of industry</p>	<p>14. MOTHER Full maiden name <u>Viola May Forest</u></p> <p>15. Residence (Usual place of abode) <u>St. Johns, Arizona.</u> If nonresident, give place and state</p> <p>16. Color or race <u>White</u></p> <p>17. Age at last birthday <u>79</u> (Years)</p> <p>18. Birthplace (city or place) <u>Montana</u> (State or country)</p> <p>19. Occupation <u>Housewife and School Teacher.</u> Nature of industry</p>
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20. Number of children of this mother (a) Born alive and now living 4  
(Taken as of time of birth of child herein certified and including this child.) (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 Alive (Born alive or stillborn) 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Margaret Jamies (Physician or midwife)  
Address St. Johns, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed 8/9 '23 Matt Jensen Local Registrar.  
Filed 8/22 1923 J. J. Bouldin County Registrar.

Registrar. \_\_\_\_\_

305-7211-502