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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

PLACE OF BIRTH  
1. County of Pinal  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or Glendale  
City of \_\_\_\_\_  
No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 176  
County Registrar No. 468  
Local Registrar No. \_\_\_\_\_

2. Full name of child Goyd Sylvester Anderson Jr.  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth 7 21 23  
Month Day Year

8. FATHER Full name <u>Sylvester Goyd Anderson</u>		14. MOTHER Full maiden name <u>Helen E. Bentley</u>	
9. Residence (Usual place of abode) <u>Glendale Ariz</u> If nonresident, give place and state _____		15. Residence (Usual place of abode) <u>W Glendale Ariz</u> If nonresident, give place and state _____	
10. Color or race <u>W</u>	11. Age at last birthday <u>23</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Wahedoll Ariz</u> (State or country) _____		18. Birthplace (city or place) <u>Waynesburg Penna</u> (State or country) _____	
13. Occupation <u>Clerk</u> Nature of industry _____		19. Occupation <u>W. U</u> Nature of industry _____	

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(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 born at 7:20 a.m. 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature E. E. Wightman (Physician or midwife)  
Address Glendale Ariz

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

Filed 7-25-23 19. 23 B. E. J. J. J. Local Registrar.  
Filed 8-5-23 19. 23 B. E. J. J. J. County Registrar.

719-721-888