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ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 11

Place of Birth St. Johns County Apache No. St.

SEX OF CHILD* <i>Male</i>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <i>Oct 15</i>	<i>1923</i>	(Month)	(Day) (Year)
FULL NAME <i>John W. Sherwood</i>	FATHER		
FULL MAIDEN NAME <i>Adelaide Louise Jones</i>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Wendell Franklin Sherwood
(Give name in full) (Surname)

Muriel S. Stading
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

USE PERMANENT INK