

name added by Supplement.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Apache Co.

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 13

District of \_\_\_\_\_

Town of St. Johns.

County Registrar No. 139

or

Local Registrar No. 42

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Gleason Richey Sherwood (If birth occurred in a hospital or institution, give its NAME instead of street and number) ; 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. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes. 7. Date of birth Oct. 28 1924 Month day year

8. FATHER Full name Laurence Parker Sherwood

14. MOTHER Maiden name Clara Rogers

9. Residence (Usual place of abode) St. Johns, Ariz. If nonresident, give place and state

15. Residence (Usual place of abode) St. Johns, Arizona If nonresident, give place and state

10. Color or race White 11. Age at last birthday 29 (Years)

16. Color or race White 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) St. Johns, Arizona (State or country)

18. Birthplace (city or place) Pleasant Grove, Utah (State or country)

13. Occupation School Teacher Nature of industry

19. Occupation House wife 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. 2 (b) Born alive but now dead. 1 (c) Stillborn \_\_\_\_\_

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 alive at 10:50 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 evidences of life after birth. Signature L. C. Sherwood (Physician or midwife) Address St. Johns, Arizona

Given name added from \_\_\_\_\_ Filed 11/5/24 19. Walter Jensen Local Registrar.

Month, day, year. \_\_\_\_\_ Filed 11/10 19. 24 J. J. Bouldin County Registrar.

Registrar.

724-1028-392

WRITE PLAINLY WITH UNFAADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made in order of birth stated.