

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.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>139</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>575</u>
Town of <u>miami</u>	Local Registrar No. _____		Ward _____
or _____	No. <u>Miami Inspiration Hospital</u> St. _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)
City of _____	Full name of child <u>marie Louise Sherwin</u>		If child is not yet named, make supplemental report, as directed.
2. Full name of child	3. Sex of Child	4. Twin, triplet or other	6. Legitimate?
<u>female</u>	To be answered ONLY in event of plural births.	_____	<u>yes</u>
5. No., in order of birth	7. Date of birth	<u>November 5, 1924</u>	
_____	Month day year	_____	
8. FATHER	14. MOTHER		
Full name <u>John Dickerson Sherwin</u>	Full maiden name <u>Olga Rose Brosser</u>		
9. Residence (Usual place of abode) <u>Miami, Arizona</u>	15. Residence (Usual place of abode) <u>Miami, Arizona</u>		
If nonresident, give place and state	If nonresident, give place and state		
10. Color or race <u>wh</u>	11. Age at last birthday <u>40</u> (Years)	16. Color or race <u>wh</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) (State or country) <u>Colorado</u>	18. Birthplace (city or place) (State or country) <u>South Dakota</u>		
13. Occupation <u>Testing engineer</u>	19. Occupation <u>Housewife</u>		
Nature of industry	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 <u>1</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
	(b) Born alive but now dead <u>0</u>		
	(c) Stillborn <u>0</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1:30 P.</u> 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 <u>J. J. Muller</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
Month, day, year _____		Filed <u>Nov 30</u> , 19 <u>24</u> <u>Le. E. Dwin</u> Local Registrar.	
Registrar. _____		Filed <u>DEC 5</u> , 19 <u>24</u> <u>B. G. Joy</u> County Registrar.	

425-1105-1029