

MARGIN RESERVED FOR INDEXING

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
 1. County of Gila
 District of _____
 Town of _____
 or
 City of Globe No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

State Index No. 128
 County Registrar No. _____
 Local Registrar No. 48-

2. Full name of child Raymond Franklin Sherman ; 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 3-3-25 Month day year

3. FATHER
 Full name Wm Tecumseh Sherman

14. MOTHER Barnum
 Full maiden name Gertrude Marie

9. Residence (Usual place of abode) Globe
 If nonresident, give place and state Arizona.

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

10. Color or race white

11. Age at last birthday 26 (Years)

16. Color or race white

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Texas
 (State or country)

18. Birthplace (city or place) Isabelle
 (State or country) Oklahoma

13. Occupation
 Nature of industry Miner.

19. Occupation
 Nature of industry Housewife.

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 alive at 7:00 Am. 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 C. W. Adams (Physician or midwife)
 Address Globe Ariz.

Given name added from a supplemental report _____
 Month, day, year. Filed Apr 1 1925 S. E. Slightman Local Registrar.

Registrar. _____ Filed _____ 19____ County Registrar.

925-305-724