

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of ApacheDistrict of Saint Johns

Town of _____ or _____ City of _____ No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 5County Registrar No. 48

Local Registrar No. _____

2. Full name of child Neslie Carl Shreve } 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 Dec 13, 1925 Month day year3. FATHER Full name Ray Christopher Shreve 14. MOTHER Full maiden name Elyza Rotherbroger9. Residence (Usual place of abode) Saint Johns, Ariz 15. Residence (Usual place of abode) Saint Johns, Ariz If nonresident, give place and state _____10. Color or race White 16. Color of face White 17. Age of last birthday 29 (Years)11. Age at last birthday 29 (Years) 12. Birthplace (city or place) Saint Johns, Ariz (State or country) 18. Birthplace (city or place) Saint Johns, Ariz (State or country)13. Occupation Cobbler Nature of industry _____ 19. Occupation Housewife Nature of industry _____20. Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead 0 (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 alive (born alive or stillborn.) _____ m. on the date above stated.Signature Margaret Jarrico (Physician or midwife) Address Saint Johns, Arizona Filed 1/9/26 19 _____ Local Registrar.

Given name added from a supplemental report _____ Month, day, year. _____ Filed _____ 19 _____ County Registrar.

Registrar.

County Registrar.

625-1213-595