

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174  
County Registrar No. 35  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH  
1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Billy Jacob Johnson { 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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Jan. 18, 1927  
Month Day Year

8. FATHER  
Full name John Quincy Johnson  
9. Residence (Usual place of abode) Claypool, Ariz.  
If non-resident, give place and state.  
10. Color or race Cauc.  
11. Age at last birthday 34 (Years)  
12. Birthplace (city or place) Floyd Co., Texas.  
(State or country)  
13. Occupation  
Nature of industry Carpenter

14. MOTHER  
Full maiden name Sue Redfearn  
15. Residence (Usual place of abode) Claypool, Ariz.  
If non-resident, give place and state.  
16. Color or race Cauc.  
17. Age at last birthday 30 (Years)  
18. Birthplace (city or place) Canon, Texas  
(State or country)  
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 5  
(b) Born alive but now dead \_\_\_\_\_  
(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 at 2 A. m. on the date above stated  
(Born alive or stillborn.)  
Signature Cyril M. Torow M.D. (Physician or midwife)  
Address Miami, Arizona  
Given name added from supplemental report. Filed Feb 7, 1927 Local Registrar. \_\_\_\_\_  
Month, day, year Registrar \_\_\_\_\_ County Registrar.

215-118-295

N. P. - in case of birth order of birth stated.