

use at least 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 Pima
District of _____
Town of _____
or
City of Miami

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149
County Registrar No. 47
Local Registrar No. _____

2. Full name of child Frank Columbus Johnson (If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child Male (To be answered ONLY in event of plural births.)
4. Twin, triplet or other _____
5. Legitimate? Yes
6. Date of birth Feb 15 1927 (If child is not yet named, make supplemental report, as directed.)
Month day year

8. Full name of FATHER Franklin Johnson
9. Residence (Usual place of abode) Miami
If nonresident, give place and state

14. Full maiden name of MOTHER Ada Sturgeon
15. Residence (Usual place of abode) Miami
If nonresident, give place and state

10. Color or race White
11. Age at last birthday 39 (Years)

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

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

18. Birthplace (city or place) New Mexico
(State or country)

13. Occupation Road Worker
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living _____
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 6 ft on the date above stated.

*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 Mrs. J. B. [unclear] (Physician or midwife)
Address Miami, Ariz.

Given name added from a supplemental report _____
Month, day, year. Filed Feb 18, 1927 P. E. [unclear] Local Registrar.

Registrar. _____ Filed _____ County Registrar.

615-215-125