

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

State File No. 179
Registered No. 130

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village Res. No. 4 Wise Apts.
City Miami No. Miami - Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb. 12-1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Anton W. Johnson

9. Residence
(Usual place of abode) Miami
If non-resident, give place and state. Arizona.

10. Color or race Cauc. **11. Age at last birthday** 19 (Years)

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

13. Occupation
Nature of industry Miner

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.) 1st

(a) Born alive and now living <u>1</u>
(b) Born alive but now dead <u>0</u>
(c) Stillborn <u>0</u>

14. MOTHER
Full maiden name Winnie A. Antio

15. Residence
(Usual place of abode) Miami
If non-resident, give place and state. Arizona.

16. Color or race Cauc. **17. Age at last birthday** 19 (Years)

18. Birthplace (city or place) Chisholm
(State or country) Minn.

19. Occupation
Nature of industry Housewife

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 10:45 a. 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 evidence of life after birth.

Signature Beryl M. Brown, M.D.
Physician (Physician or midwife).

Address Miami, Arizona.

Given name added from a supplemental report _____
Month, day, year _____

Filed April 8, 1930 C. E. Irwin
Registrar

015-212-4114

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

45 700-2-21-30 OBSERVED FOR HANDING