

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.

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

State File No. 165  
Registered No. 208

**1. PLACE OF BIRTH**

County Gila State Ariz.  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rosalie Catherine Johnson If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth.	6. Legitimate? <u>yes</u>	7. Date of birth <u>10-17-1930</u> Month Day Year
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**8. FATHER**  
Full name Cecil Raymond Johnson  
9. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.  
10. Color or race White  
11. Age at last birthday 28 (Years)  
12. Birthplace (city or place) Phoenix Ariz.  
(State or country)  
13. Occupation mgr. grocery stores  
Nature of industry

**14. MOTHER**  
Full maiden name Dorothy Marie Canning  
15. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.  
16. Color or race White  
17. Age at last birthday 24 (Years)  
18. Birthplace (city or place) Brokenridge Colo.  
(State or country)  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother <u>1</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 1:50 P. 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 T. E. Harper  
Physician  
(Physician or Midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Ariz.  
Month, day, year \_\_\_\_\_  
Filed 11/9, 1930 H. E. Wightman  
Registrar Registrar

915-1017-432