

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 148a
Registered No. 564

PLACE OF BIRTH

County: Gree State: _____

Township: _____ or Village: _____
City: Miami No. 715 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child: (Infant) Johnson { If child is not yet named, make supplemental report, as directed

1. Sex: ll 2. If plural births: _____ 3. Twin, triplet, or other: _____ 4. Premature: _____ 5. Number, in order of birth: _____ 6. Full term: _____ 7. Sex: mas 8. Date of birth: June 4 1931 (month, day, year)

9. Full name of FATHER: Conrad Johnson

18. Full maiden name of MOTHER: Antonia Rodriguez

10. Residence (usual place of abode) (If nonresident, give place and State): Miami

19. Residence (usual place of abode) (If nonresident, give place and State): Miami

11. Color of hair: White 12. Age at last birthday: 30 (Years)

20. Color of hair: Black 21. Age at last birthday: 32 (Years)

3. Birthplace (city or place) (State or country): Safford Ariz

22. Birthplace (city or place) (State or country): Mexico

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.:

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

24. Industry or business in which work was done, as bank, lawyer's office, silk mill, etc.:

16. Date (month and year) last engaged in this work: _____ 17. Total time (years) spent in this work: _____

25. Date (month and year) last engaged in this work: _____ 26. Total time (years) spent in this work: _____

7. Number of children of this mother At time of this birth and including this child: (a) Born alive and now living: 7 (b) Born alive but now dead: 0 (c) Stillborn: 0

8. If stillborn, period of gestation: _____ { months or weeks } 29. Cause of stillbirth: _____ Before labor: _____ During labor: _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ 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.

(Signed) Keen S. Brayton, M.D.

Given name added from supplemental report: 015-604-199 (Date of)

or _____, Midwife
Address: Miami Ariz

Filed: Dec 3 1931 Registrar: _____