ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 130a

Registered No. 281

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Miami No.: Van Winkle Canon Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Harold Lee 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: 5. No., in order of birth:

6. Legitimate? yes

7. Date of birth: July 20 - 193 (Month Day Year)

8. FATHER

Full name: Barton James Johnson

9. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

10. Color or race: Canc.

11. Age at last birthday: 25 (Years)

12. Birthplace (city or place): Clayton

(State or country): Georgia

13. Occupation: Operator at Mill

Nature of Industry: Mining

14. MOTHER

Full maiden name: Mary Johnston

15. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

16. Color or race: Canc.

17. Age at last birthday: 21 (Years)

18. Birthplace (city or place): Olney

(State or country): Texas

19. Occupation: Housewife

Nature of Industry:

20. Number of children of this mother: 2

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 2

(b) Born alive but now dead: 0

(c) Stillborn: 0

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 (Born alive or stillborn) at 11 30 A. m. on the date above stated.

Signature: Cyril M. Cron M.D. (Physician or midwife)

Address: Miami, Arizona

* 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.

Given name added from a supplemental report 815-720-415 (Month, day, year)

815-720-415 Registrar

Filed Oct 2, 1931 O. E. Irwin Registrar

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.