ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 70

Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona

Township: On reservation or Village: San Carlos

City: No. No hospital St. Ward

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

2. Full name of child: ////////// Johnson, La Berta (If child is not yet named, make supplemental report, as directed)

3. Sex: Male

If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:

6. Premature: Full term: X

7. Legitimate? Yes.

8. Date of birth: October 1, 1931 (Month, day, year), 19

FATHER	MOTHER
9. Full name: Johnson, Porter	18. Full maiden name: ////////// Bessie Dana
10. Residence (usual place of abode) (If non-resident, give place and State): San Carlos, Arizona	19. Residence (usual place of abode) (If non-resident, give place and State): San Carlos, Arizo
11. Color or race: 4/4 Apache Indian	20. Color or race: 4/4 Apache Indian
12. Age at last birthday: 26 (Years)	21. Age at last birthday: 28 (Years)
13. Birthplace (city or place) (State or country): San Carlos, Arizona	22. Birthplace (city or place) (State or country): San Carlos, Ariz.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife.
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 own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: , 19	25. Date (month and year) last engaged in this work: , 19
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: 0 (c) Stillborn: 0

28. 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 born alive (Born alive or stillborn) at 2:30 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. Z. Laughlin, M. D.

or , Midwife

Address: San Carlos, Arizona

Given name added from a supplemental report (Date of) 131-1001-241 Registrar.

Filed 11/ 1931 J. Laughlin Registrar.

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.