ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 121

Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizom

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: Robert Calvin Johnson (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 22, 1931 (Month, day, year)

FATHER	MOTHER
9. Full name: L. B. Johnson	18. Full maiden name: Leona Dauley
10. Residence (usual place of abode) (If non-resident, give place and State): San Carlos, Ariz	19. Residence (usual place of abode) (If non-resident, give place and State): San Carlos, Arizona
11. Color or race: White 12. Age at last birthday: 21 (Years)	20. Color or race: White 21. Age at last birthday: 19 (Years)
13. Birthplace (city or place) (State or country): Oklahoma	22. Birthplace (city or place) (State or country): New Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R.R. section man.	OCCUPATION 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 17. Total time (years) spent in this work:	25. Date (month and year) last engaged in this work: , 19 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 bornalive (Born alive or stillborn) at 12-10 p.m. on the date above stated.

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

(Signed) Z. Laughlin, M. D.

or ..., Midwife

Address: San Carlos, Arizona

Given name added from a supplemental report: (Date of)

915-1022-34-8 Registrar.

Filed 1/1, 1931 Z. 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD