

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

State File No. 88
 Registered No. 233

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 Halga Dean Johnson
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. No., in order of birth _____ 7. Date of birth 12-8-31
 Month Day Year

8. FATHER
 Full name George Fletcher Johnson

14. MOTHER
 Full maiden name Leona Lydia Lane

9. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state.

15. 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)

16. Color or race White 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Texas
 (State or country)

18. Birthplace (city or place) Lydell Colo.
 (State or country)

13. Occupation mgr. iron foundry
 Nature of Industry

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother 1
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (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 at _____ 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. S. Harper

 physician

 (Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Ariz.

Month, day, year _____
815-1208-335
 Registrar

Filed 1/5 1932 G. H. Blighman
 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.