ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 106a

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Tonto Basin or Village

City No. St. Ward

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

2. Full name of child Dorothy Sue Johnson (If child is not yet named, make supplemental report, as directed)

3. Sex of Child F | To be answered ONLY in event of plural births. | 4. Twin, triplet or other | 5. No., in order of birth | 6. Legitimate? | 7. Date of birth July 20 1933 (Month Day Year)

8. FATHER	14. MOTHER
Full name John Quincy Johnson	Full maiden name Sue Redfearn
9. Residence (Usual place of abode) Tonto Basin, Ariz. If non-resident, give place and state.	15. Residence (Usual place of abode) Tonto Basin, Ariz. If non-resident, give place and state.
10. Color or race White	16. Color or race White
11. Age at last birthday 41 (Years)	17. Age at last birthday 37 (Years)
12. Birthplace (city or place) Floyd Co, (State or country) Texas	18. Birthplace (city or place) Canyon, (State or country) Texas
13. Occupation Carpenter Nature of industry	19. Occupation House wife Nature of industry

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

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) m. on the date above stated

* 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 X J. Q. Johnson (Physician or Midwife)

Given name added from a supplemental report Month, day, year

Address

Registrar

Filed Aug 21 19 C. H. Rigger Registrar

415-720-295

MARGIN RESERVED FOR [illegible]

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.