Child's name added by supplement E.J.

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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 507

1. PLACE OF BIRTH

County Maricopa State Arizona

District or Township _____ or Village _____

City Tempe No. _____ St. _____ Ward

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

2. Full name of child Larry Benjamin 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 Oct. 11, 1933 (Month Day Year)

8. FATHER

Full name Julius Russell Johnson

9. Residence (Usual place of abode) Tempe

If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Colonia Chiuichupia Mexico (State or country)

13. Occupation Farmer

Nature of Industry

14. MOTHER

Full maiden name Rosalie Woods

15. Residence (Usual place of abode) Tempe

If non-resident, give place and state.

16. Color or race White | 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Colonia Juarez Mexico (State or country)

19. Occupation Housewife

Nature of Industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 0

(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 alive (Born alive or stillborn) at 4 p.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 A. J. Straud (Physician or midwife).

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

Address Tempe, Arizona

315-1011-962 Registrar

Filed Nov. 2, 1933 Geo. B. Irvine Registrar

MARGIN RESERVED FOR BINDING

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.