AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 511

Registered No.

1. PLACE OF BIRTH

County Navajo State Arizona

Township Ft.Apache Indian Reservation or Village

City Whiteriver No. St. Ward

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

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

3. Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature No Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan. 25, 1934 (Month, day, year), 19

FATHER

9. Full name Robert Johnson

10. Residence (usual place of abode) (If non-resident, give place and State) Whiteriver

11. Color or race Indian | 12. Age at last birthday 28 (Years)

13. Birthplace (city or place) Whiteriver (State or country) Arizona

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Cattle

16. Date (month and year) last engaged in this work Jan, 19 34 | 17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name June Bonito

19. Residence (usual place of abode) (If non-resident, give place and State) Whiteriver

20. Color or race Indian | 21. Age at last birthday 24 (Years)

22. Birthplace (city or place) Whiteriver (State or country) Arizona

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work Jan, 1934 | 26. Total time (years) spent in this work 6

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (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 m. on the date above stated

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

(Signed) not attended, M.D.

or , Midwife

Given named added from a supplemental report (Date of)

Address

Filed 2/18/34 19 J.C. Huff Registrar.

Registrar.

315-125-126

I [illegible] 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.