SUPPLEMENT ATTACHED

797

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ____

Registered No. 20

1. PLACE OF BIRTH

County Pinal State Ariz

Township ____ or Village ____

City Casa Grande No. ____ St. ____ Ward ____

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

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

3. Sex M. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 4 | 6. Premature ____ Full term ____ | 7. Legitimate? Y | 8. Date of birth 3-7-37 (Month, day, year)

FATHER

9. Full name Arthur L. Johnston

10. Residence (usual place of abode) (If nonresident, give place and State) Casa Grande

11. Color or race W | 12. Age at last birthday 30 (Years)

13. Birthplace (city or place) Ohio (State or country)

OCCUPATION

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

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

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

MOTHER

18. Full maiden name Myrtle L. Powell

19. Residence (usual place of abode) (If nonresident, give place and State) Casa Grande

20. Color or race W | 21. Age at last birthday 31 (Years)

22. Birthplace (city or place) ____ (State or country) Colo.

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. ____

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 4 (b) Born alive but now dead ____ (c) Stillborn ____

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 alive (Born alive or stillborn) at 2:45 a.m. on the date above stated

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

(Signed) J. E. Redden, M. D.

or ____, Midwife

Address Casa Grande Ariz.

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

Filed 3-30, 1937 Frederick Kitchen Registrar.

Registrar.

115-307-479