

1874

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

PLACE OF BIRTH:

Registered No. _____

County Gila State ARIZONA

Township _____ or Village _____

City _____ No. _____ St. _____ Ward _____

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

If child is not yet named, make supplemental report, as directed.

Sex <u>Male</u> <i>M</i> <small>If plural births</small>	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? _____	8. Date of birth <u>Oct. 15, 1887</u> 193
	5. Number, in order of birth _____	Full term _____		(Month, day, year)

Full name J. FATHER Paul Johnson

18. Full maiden name MOTHER

Residence (usual place of abode) (If nonresident, give place and State) _____

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

Color or race _____ 12. Age at last birthday _____ (years)

20. Color or race _____ 21. Age at last birthday _____ (years)

Birthplace (city or place and State or country): _____

22. Birthplace (city or place and State or country): _____

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

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

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

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

16. Date (month and year) last engaged in this work _____ 193

25. Date (month and year) last engaged in this work _____ 193

OCCUPATION

Number of children of this mother (At time of this birth and including this child) _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor During labor }

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, or other person present should make this return.
(Signed) A. P. Stark M. D.

or _____ Midwife
Address _____
Filed 11-3-1887 193

Registrar _____ Registrar _____

015-1015-006