2361

PLACE OF BIRTH

County of City

District of San Carlos

Town of .....
or
City of .....

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

557 State Index No. ~~517~~

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. .....

Local Registrar's No. .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD no name

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born / Alive: ~~YES~~ NO

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Nov 19 1915 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Battle Johnson	Full Maiden Name	Esther
Residence	San Carlos	Residence	San Carlos
Color or Race	Indian	Color or Race	Indian
Age at last Birthday	28 (Years)	Age at last Birthday	26 (Years)
Birthplace	Arizona	Birthplace	Ariz
Occupation	Farmer	Occupation	Housewife

Number of child of this mother 1 | Number of children, of this mother, now living 0 | Were precautions taken against Ophthalmia neonatorum? —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended~~ the birth of above child; ~~and that it~~ occurred on Nov 19 1915, at ..... M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) N. R. Wallentine
(~~Attending~~ physician, ~~midwife, householder~~.*)

Given or christian name added from a supplemental report ..... 191....

Address .....

Filed ..... 191.....

LOCAL REGISTRAR.

A True Copy

015-1119-500
COUNTY REGISTRAR.

Filed ..... 191.....

COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the Midwife with each local Registrar within 5 days after birth.