377

STANDARD CERTIFICATE OF BIRTH

1. Place of Birth

County Gila State Arizona

City or Town --

2. Full Name of Child

JOHNS --

Sex Male Twin? -- Date of Birth Apr.10.1909

FATHER		MOTHER	
Name JOHNS, Sam		~~Maiden~~ Name JOHNS, Millicent	
Color or Race White	Age	Color or Race White	Age
Birthplace England		Birthplace England	

Born alive or Stillborn --

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Doctor or Attendant

Filed Apr 11 1909

Registrar

012-440-412