

Write in blue ink, with Unfading Ink.—This is a Permanent Record. Use of 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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH
County of Yuma
District of _____
Town of _____
or
City of Yuma

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 106

Register No. 106
St.; _____ Ward)

FULL NAME OF CHILD August Halley Johnson { Born Yes
If child is not named, make Supplemental report on blank obtainable from local registrar. { Alive No

Sex of Child Male Twin, Triplet or other and Number in order of birth Legiti mate? Yes Date of Birth May 7 1910
(Month) (Day) (Year)

FATHER
Full Name August Johnson
Residence 453 So High St
Color or Race White Age at last Birthday 38 (Years)
Birthplace Sweden

MOTHER
Full Maiden Name Aniza Pauline
Residence Same
Color or Race White Age at last Birthday 36 (Years)
Birthplace Poliad, Texas

Occupation Housewife
Number of children of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS
Received at _____ JUN 13 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 17, 1910, at 5:30 M

(Signature) C. J. Sturgeon (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed May 20 1910 Address B. G. Fox

115-507-192 COUNTY REGISTRAR. Filed June 1 1910 A TRUE COPY. B. G. Fox LOCAL REGISTRAR. COUNTY REGISTRAR