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N. B.—In case 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 or attending Physician or Midwife with Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 105/~~870~~

Co. Register No. 171

Local Registrar's No.

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

FULL NAME OF CHILD Selba Johnson

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
Female	✓		✓	Yes	June 8 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Thomas Marion Johnson	Full Maiden Name	Ora Myrtle Floyd
Residence	Globe St	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	24 (Years)	Age at last Birthday	20 (Years)
Birthplace	Brown Branch Mo	Birthplace	Same
Occupation	Miner	Occupation	Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 8 1914, at 2 P M.

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

(Signature) C. J. Sturgeon

(Attending physician, midwife, householder.*)

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

Address

Filed June 10 1914 B. G. Fox

LOCAL REGISTRAR.

215-608-664

COUNTY REGISTRAR.

Filed June 15 1914

A True Copy B. G. Fox M.D.

COUNTY REGISTRAR.