1064

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130

Co. Register No. 720

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD William Rockwell 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
Male			3	yes	Dec 21 1919 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Joseph Johnson	Full Maiden Name	Florence Calkins
Residence	~~England~~	Residence	Inspiration
Color or Race	White	Color or Race	White
Age at last Birthday	35 (Years)	Age at last Birthday	28 (Years)
Birthplace	England	Birthplace	Texas
Occupation	Asst Sup. Mine	Occupation	House wife

Number of child of this mother 3 | Number of Children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 12/21, 1919, at 6 45 A.M.

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

(Signature) Geo A Paige

(Attending physician, ~~midwife, householder.~~*)

Address Inspiration

Given or Christian name added from a supplemental report _____ 191__

Filed Dec 29 1919

N D Brayton

LOCAL REGISTRAR.

A True Copy

615-1221-632

COUNTY REGISTRAR.

Filed Jan 2 1920

B. G. Fox

COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.