4201

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 180

Co. Registrar's No. 537

Local Registrar's No. 1

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of (No. St; Ward)

FULL NAME OF CHILD Madeline M. Johnson | Born Alive | YES NO

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month / Day / Yr.)
F	1		1	Y	Sept 12 1920

FATHER		MOTHER	
Full Name	John Wm Johnson	Full Maiden Name	Madeline Merrill
Residence	Miami	Residence	Miami
Color or Race	Wh	Color or Race	Wh
Age at last Birthday	27 Years	Age at last Birthday	20 Years
Birthplace	Arizona	Birthplace	Arizona
Occupation	Mechanic	Occupation	H.

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | 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 Sept 12 1920, at 9:45 P.M.

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

Signature Charles E. Irvin M.D.

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

Address Miami Arizona

Given or Christian name added from a supplemental report 191

Filed 9/10/1920 T.H. [illegible] LOCAL REGISTRAR.

415-912-443 COUNTY REGISTRAR.

Filed 9-26 1920 A True Copy B.G. [illegible] COUNTY REGISTRAR.

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