[redacted]

[1] PLACE OF BIRTH. DIST. No. _____ (To be inserted by Registrar)

County of Yuma

City or Town of Ehrenburger

or Rural Registration District _____

Arizona State Board of Health
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Co. Index No. 524504

Local Registered No. 172

(No. _____ St.; _____ Ward) [If birth occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME OF CHILD Wesley Harold Johnson [If child is not yet named, make supplemental report as directed.]

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX OF CHILD: Male

[4] Twin, Triplet, or Other / [5] Number in Order of Birth (To be answered only in event of plural births)

[6] DATE OF BIRTH November (Month) 5 (Day) 1922 (Year)

FATHER

[7] FULL NAME: Burt H. Johnson

[8] RESIDENCE: Ehrenburger City Arizona State

[9] COLOR OR RACE: White

[10] AGE AT LAST BIRTHDAY 41 (Years)

[11] BIRTHPLACE: Oregon (State or country)

[12] OCCUPATION
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

MOTHER

[13] FULL MAIDEN NAME: Ida Lell

[14] RESIDENCE: Ehrenburger City Arizona State

[15] COLOR OR RACE: White

[16] AGE AT LAST BIRTHDAY 32 (Years)

[17] BIRTHPLACE: Texas (State or country)

[18] OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

[19] Number of children born to this mother, including present birth: 3 4

[20] Number of children of this mother now living: 3

[15a] Was a prophylactic for Ophthalmia Neonatorum used? Yes
If so, what? 1% ag nos

[21] CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) *at* 6:A.M. *on the date above stated.*

(Signature) Wm A Chapman M.D. (Physician, midwife, father, etc.)

Dated Nov. 5 1922

Address Blythe, California

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____ 19____
615-1105-933
Registrar

[22] Filed NOV 13 1922 Mary A Hoffman Registrar or Deputy
12/9 C.E. Rooney M.D.