

1840

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Globe  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157  
County Registrar No. 534  
Local Registrar No. \_\_\_\_\_

2. Full name of child Baby Johnson  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births.  4. Twin, triplet or other.  5. No., in order of birth. 1 6. Legitimate? yes 7. Date of birth 8-14-1923  
Month Day Year

8. FATHER  
Full name James Raleigh Johnson  
9. Residence (Usual place of abode)  
If nonresident, give place and state Globe, Ariz.  
10. Color or race white  
11. Age at last birthday 28 (Years)  
12. Birthplace (city or place) Clifton  
(State or country) Arizona  
13. Occupation  
Nature of industry miner

14. MOTHER  
Full maiden name Pansy Wright  
15. Residence (Usual place of abode)  
If nonresident, give place and state Globe, Ariz.  
16. Color or race white  
17. Age at last birthday 19 (Years)  
18. Birthplace (city or place) Carrisosa  
(State or country) N. M.  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1 21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was stillborn at 2 p.m. on the date above stated.  
(Born alive or stillborn.)

\*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.  
Signature T.C. Harper, M.D.  
Address Globe, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed 9-3 1923 B.G. J. Local Registrar.  
Filed 9-5 1923 B.G. J. County Registrar.

015-814-763

IN ORDER OF BIRTH STATED.