

1046

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma District of Yuma Town of \_\_\_\_\_ or City of Yuma No. Blake State Index No. 163 County Registrar No. 524 Local Registrar No. \_\_\_\_\_

2. Full name of child Paul Esther 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 Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 8 14 1925 Month Day Year

8. FATHER Full name <u>Thomas B. Johnson</u>		14. MOTHER Full maiden name <u>Emma Dredler</u>	
9. Residence (Usual place of abode) <u>Globe Ariz</u> If nonresident, give place and state <u>Ariz</u>		15. Residence (Usual place of abode) <u>Globe Ariz</u> If nonresident, give place and state <u>Ariz</u>	
10. Color or race <u>white</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>33</u> (Years)
12. Birthplace (city or place) <u>Hillsborough</u> (State or country) <u>1949</u>		18. Birthplace (city or place) <u>Texas</u> (State or country)	
13. Occupation <u>Printer</u> Nature of industry		19. Occupation <u>House wife</u> Nature of industry	

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 3 (b) Born alive but now dead 0 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 9:00 m. on the date above stated.

\*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 H. E. Wightman (Physician or midwife)  
Address Globe Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed 8-18, 1925 Local Registrar. P. J. Gray  
Filed 9-1, 1925 County Registrar. P. J. Gray

915-816-549