

111

PLACE OF BIRTH

1. County of Maricopa ARIZONA STATE BOARD OF HEALTH

District of _____

Town of _____

or _____

City of Phoenix

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 293

County Registrar No. 3020

Local Registrar No. 1107

2. Full name of child Clarence Ramon 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. 6. Legitimate? yes 7. Date of birth Oct 7 - 24
Month Day Year

8. FATHER
Full name Julious Johnson

9. Residence Phoenix, Ariz.
(Usual place of abode)
If nonresident, give place and state 348 N. Laurel Ave

10. Color or race white 11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation
Nature of industry

14. MOTHER
Full maiden name Rose Wood

15. Residence 348 N. Laurel Ave
(Usual place of abode)
If nonresident, give place and state

16. Color or race white 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation Housewife
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: 2 (b) Born alive but now dead: 0 (c) Stillborn: 0 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 8:50 A 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 Dr. J. P. Suple (Physician or midwife)
Address Phoenix

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed 11-3-24 _____
Local Registrar. _____
County Registrar. _____

N. B.—If case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

315-1007-964