

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

V

1. County of Sila  
District of Sevidal  
Town of Rice  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 146  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

2. Full name of child Ella 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 8 25  
Month Day Year

8. FATHER  
Full name Richard Johnson  
9. Residence (Usual place of abode) Rice Ariz  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Lunez Kinney  
15. Residence (Usual place of abode) Rice Ariz  
If non-resident, give place and state.

10. Color or race U. Indian 11. Age at last birthday 47 (Years)

16. Color or race U. Indian 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) San Carlos  
(State or country) Ariz

18. Birthplace (city or place) Rice  
(State or country) Ariz

13. Occupation Common Laborer  
Nature of industry

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 1  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 7 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 C. H. Sawyer, M.D.  
Address San Carlos, Ariz  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_  
Month, day, year \_\_\_\_\_ Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar

515-808-728

N. B.—In 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.