

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

State File No. 124 V  
706  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Mila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Vesta Velma Lee Johnston  
(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 \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth Dec. 2, 1925  
Month Day Year

8. FATHER  
Full name Russell Aubrey Johnston

14. MOTHER  
Full maiden name Mattie Suite

9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Cauc.  
11. Age at last birthday 21 (Years)

16. Color or race Cauc.  
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Olney, Texas  
(State or country)

18. Birthplace (city or place) Windom, Texas  
(State or country)

13. Occupation  
Nature of industry Fireman

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 1  
(b) Born alive but now dead \_\_\_\_\_  
(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 born at 11:40 A. m. on the date above stated  
(Born alive or stillborn)

Signature Byril M. Brown M.D.  
Physician  
(Physician or midwife)

Address Miami, Arizona

Filed Jan 4, 1926 C. E. Orrin  
Registrar

\*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 \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Registrar

515-1200 125