

PLACE OF BIRTH

1. County of Yuma
 District of San Carlos
 Town of
 or
 City of No. _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 114
 County Registrar No. _____
 Local Registrar No. _____

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

3. Sex of child Female To be answered ONLY in event of plural births. Twin, triplet or other
 4. Legitimate? yes
 5. No. in order of birth. _____
 6. Date of birth 6 12 26
 Month Day Year

8. FATHER
 Full name Bartley Johnson
 Residence (Usual place of abode) San Carlos, Ariz
 If non-resident, give place and state.
 Color or race 1/2 Indian
 11. Age at last birthday 34 (Years)
 12. Birthplace (city or place) San Carlos, Ariz
 (State or country)
 13. Occupation Farmer
 Nature of industry

14. MOTHER
 Full maiden name Ester Eving
 15. Residence (Usual place of abode) San Carlos, Ariz
 If non-resident, give place and state.
 16. Color or race 1/4 Indian
 17. Age at last birthday 35 (Years)
 18. Birthplace (city or place) San Carlos, Ariz
 (State or country)
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother } (a) Born alive and now living 1
 (Taken as of time of birth of child herein } (b) Born alive but now dead 5
 certified and including this child.) } (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was born alive at 7 a 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

415-612557

N. B.—In case of a birth, a SEPARATE RETURN must be made for each child in order of birth stated.