

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 186
Registered No. 423

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. Miami Hosp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Velda Lorraine Johnson { 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 Sept. 30 - 1928
Month Day Year

8. FATHER
Full name William David Johnson

14. MOTHER
Full maiden name Nola Orucilla Layton

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 24 (Years)

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12. Birthplace (city or place) Thatcher, Arizona.
(State or country)

18. Birthplace (city or place) Central, Arizona.
(State or country)

13. Occupation Blacksmith
Nature of industry Mining

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child). } (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 alive at 6 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 Eyrl M. Brown M.D.

Physician (Physician or midwife)

Given name added from _____ Address Miami, Arizona

Month, day, year _____

Filed Oct 10 19 28 L. E. Iron
Registrar. Registrar.

715-930-535

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.