ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 153

Registered No. 186

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1. PLACE OF BIRTH

County: Gila — State: Arizona

District or Township: — or Village:

City: Globe — No.: Gila County Hosp. — St.: — Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Sarah Bernice 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: Oct 13, 1928 (Month Day Year)

FATHER

8. Full name: Joseph Langhorn Johnson

9. Residence (Usual place of abode): Inspiration Ariz.

If non-resident, give place and state.

10. Color or race: White — 11. Age at last birthday: 44 (Years)

12. Birthplace (city or place): England (State or country)

13. Occupation: Asst Mine Supt. — Nature of industry: Copper Mine

MOTHER

14. Full maiden name: Frances Calkins

15. Residence (Usual place of abode): Inspiration Arizona

If non-resident, give place and state.

16. Color or race: White — 17. Age at last birthday: 36 (Years)

18. Birthplace (city or place): Houston (State or country): Texas

19. Occupation: H. W. — Nature of industry:

20. Number of children of this mother: 6 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living: 5 (b) Born alive but now dead: 1 (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 Born Alive (Born alive or stillborn.) at 2:30 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: Charles E. Irvin M.D. (Physician or midwife).

Address: Miami Arizona

Given name added from a supplemental report: Month, day, year

Registrar

Filed 11/8, 1928 H. E. Wightman Registrar

215-1013-632