

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

State File No. 158  
 Registered No. 27

**1. PLACE OF BIRTH**

County Yuma State Ariz.  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Henry Johnson { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth 2-15-1929  
 Month Day Year

8. FATHER  
 Full name Rudolph Johnson  
 9. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state. \_\_\_\_\_

14. MOTHER  
 Full maiden name Aurelia Arroya  
 15. Residence (Usual place of abode) Globe, Ariz.  
 If non-resident, give place and state. \_\_\_\_\_

10. Color or race White  
 11. Age at last birthday 20 (Years)

16. Color or race Mex.  
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Globe Ariz.  
 (State or country)

18. Birthplace (city or place) Globe, Ariz.  
 (State or country)

13. Occupation Laborer  
 Nature of Industry \_\_\_\_\_

19. Occupation Housewife  
 Nature of Industry \_\_\_\_\_

20. Number of children of this mother 1 } (a) Born alive and now living 1  
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0  
 } (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 at 4:40 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 T.C. Harper  
 \_\_\_\_\_  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Globe, Arizona

Month, day, year \_\_\_\_\_  
 Registrar G. E. Wightman  
 Filed 3/8, 1929 Registrar

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