ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 167

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township San Carlos or Village

City No. St. Ward

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

2. Full name of child Marianne 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 3/12/29. (Month Day Year)

8. FATHER

Full name Gilbert Johnson

9. Residence (Usual place of abode) San Carlos,

If non-resident, give place and state. Ariz.

10. Color or race Apache 4/4 Indian

11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Rice,

(State or country) Ariz.

13. Occupation common labor

Nature of industry

14. MOTHER

Full maiden name Ethel Casoose

15. Residence (Usual place of abode) San Carlos,

If non-resident, give place and state. Ariz.

16. Color or race Apache 4/4 Indian

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Rice,

(State or country) Ariz.

19. Occupation housewife

Nature of industry

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 3

(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 (Born alive or stillborn.) at 6 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

(Physician or midwife).

Address San Carlos, Ariz.

Given name added from a supplemental report

Month, day, year

Registrar

Filed , 19

C.H.Sawyer

Registrar

415-312-535