

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

State File No. 434  
 Registered No. 5-9

**1. PLACE OF BIRTH**

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

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

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Aug 23 - 1929</u> Month Day Year
5. No., in order of birth.				

8. FATHER  
 Full name Julius R. Johnson  
 9. Residence (Usual place of abode) Tempe Ariz  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name Rosa Lee Wood  
 15. Residence (Usual place of abode) Tempe Ariz  
 If non-resident, give place and state.

10. Color or race White  
 11. Age at last birthday 32 (Years)

16. Color or race W-  
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Chua Chugua  
 (State or country) Mex

18. Birthplace (city or place) Juarez  
 (State or country) Mex

13. Occupation  
 Nature of industry Farmer

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother <u>3</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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**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.

Signature Harry J. Schmitt  
 (Physician or midwife)

Address Tempe Ariz

Filed 5-7-1929 H. C. Patterna  
 Registrar

315-423-9164

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.