

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

State File No. 121  
Registered No. 513

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Miami Insp. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thelma Loise Johnston { 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 Nov-4-1929  
Month Day Year

8. FATHER  
Full name William Louis Johnston  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Olney  
(State or country) Texas

13. Occupation Fireman  
Nature of Industry Mining

20. Number of children of this mother. 1  
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER  
Full maiden name Flora Johnson  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

16. Color or race Cauc. 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Clayton  
(State or country) Pa.

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

21. Were precautions taken against ophthalmia neonatorum? yes  
(a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE<sup>25</sup>

I hereby certify that I attended the birth of this child, who was born alive at 7 A. 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 Cyril M. Larson M.D.  
Physician (Physician or midwife)

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

Month, day, year \_\_\_\_\_ Filled Nov 12, 1929 by Le. E. Jones Registrar

Registrar

315 - 1104 - 615