

NAME ADDED BY SUPPLEMENT

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 413

Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH

County NavajoState Arizona

District or Township \_\_\_\_\_

or Village Snowflake

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 Doyle Lovell Johnson

(If child is not yet named, make supplemental report, as directed.)

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? yes

## 7. Date

of birth Mar 30 1927male

## 5. No., in order of birth \_\_\_\_\_

## 8.

## FATHER

Full name Louis E. Johnson

## 14.

## MOTHER

Full maiden name Theresa Flake

## 9. Residence

(Usual place of abode) Lakeside Ariz

## 15. Residence

(Usual place of abode) Lakeside

If non-resident, give place and state.

If non-resident, give place and state. Arizona

## 10. Color or race

White11. Age at last birthday 54 (Years)

## 16. Color or race

White17. Age at last birthday 46 (Years)12. Birthplace (city or place) Monroe(State or country) Utah18. Birthplace (city or place) Snowflake(State or country) Arizona

## 13. Occupation

Nature of Industry Farmer

## 19. Occupation

Nature of Industry Housewife20. Number of children of this mother 13Taken as of time of birth of child herein  
(ified and including this child.)(a) Born alive and now living 12(b) Born alive but now dead 1

## (c) Stillborn \_\_\_\_\_

## 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ 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 Mrs. L. E. Gardnermidwife

(Physician or midwife).

Given name added from  
supplemental report.

Month, day, year \_\_\_\_\_

Address Woodruff, ArizonaFiled Apr 13, 1927J. H. Frost

Registrar

Registrar \_\_\_\_\_

415-330-305