

**STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
**DIVISION OF HEALTH**

S. F. No. 817—1935. 5243.

133

**1. PLACE OF BIRTH**

**Washington State Board of Health**

Record No. \_\_\_\_\_

County of Kitsap

Bureau of Vital Statistics

Registered No. 150

City or Town Bremerton

**CERTIFICATE OF BIRTH**

Registration Dist. No. 1 Place of Birth Olympic Harbor

**2. FULL NAME OF CHILD** Deborah May Johnson - READ { If child is not yet named do not delay filing this certificate. Name will be secured through supplemental report.

3. Sex <u>Female</u>	If plural births	4. Twin, triplet or other.....	6. Premature.....	7. Legitimate?.....	8. Date of birth <u>May 25, 1936</u> (Month, day, year)
		5. Number, in order of birth.....	Full term.....		

FATHER		MOTHER	
9. Full Name <u>Kenneth Gordon Johnson</u>	18. Full Maiden Name <u>Byrnina Elizabeth Smith</u>		

10. Residence <u>R.F.D. no 1 Box 608C. Bremerton</u>	19. Residence <u>R.F.D. Box 608C. Bremerton</u>
--	---

11. Color or Race <u>White</u>	12. Age at last Birthday <u>24</u> (Years)	20. Color or Race <u>White</u>	21. Age at last Birthday <u>25</u> (Years)
--------------------------------	--	--------------------------------	--

13. Birthplace (State or Country) <u>Wash.</u>	22. Birthplace (State or Country) <u>Wash.</u>
--	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>craftsman</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>h.s. n.g.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work <u>May 1936</u>	17. Total time (years) spent in this work <u>2 yrs</u>	25. Date (month and year) last engaged in this work <u>May 1936</u>	26. Total time (years) spent in this work <u>1 yr 9 mo</u>
---	--	---	--

7. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

8. If stillborn, period of gestation { months or weeks } 23. Cause of stillbirth { Before labor. During labor. }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was { born alive } and that it occurred on Monday May 25, 1936 at 8:00 P. M.

{ \* When there was no attending physician or midwife, then the father, householder, etc., should make this return. } (Signature) [Signature]

Give name added from a supplemental report \_\_\_\_\_ (Physician or Midwife)

Address Bremerton Wash Filed 6-16 1936 D. H. Dolk MD Registrar.

Registrar.

† Indicate which by drawing line through superfluous word.

525

