

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

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State File No. 143
Registered No. 83

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(if birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Wilbur Ogle
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other 4 6. Legitimate? yes
5. No., in order of birth 4 7. Date of birth Apr. 9, 1927
Month Day Year

8. FATHER
Full name Wilbur Webster Ogle

14. MOTHER
Full maiden name Margaret Ellis

9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race White

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11. Age at last birthday 28 (Years)

17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Ray, Ill.
(State or country)

18. Birthplace (city or place) Victoria B.C.
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother Two
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living Two
(b) Born alive but now dead None
(c) Stillborn None

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 at 9:45 AM on the date above stated
(Born alive or stillborn.)
Signature I. C. Harper
Physician (Physician or midwife).
Address Globe, Arizona
Given name added from a supplemental report _____
Month, day, year _____
Filed 4-30 1927 M. St. Horst
Registrar Registrar

965-409-452