

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

State File No. 213
 Registered No. 51

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Globe 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 Louis H. Olgin Jr. { 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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Mar. 31 - 1930
 Month Day Year

8. FATHER
 Full name Louis H. Olgin
 9. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Margaret Lopez
 15. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.

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

16. Color or race Mexican
 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Morenci
 (State or country) Arizona

18. Birthplace (city or place) Potrville
 (State or country) California

13. Occupation
 Nature of industry Section Laborer
S.P.R. B.

19. Occupation
 Nature of industry House wife

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 _____ (c) Stillborn _____ 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 11:45 m. on the date above stated
(Born alive or stillborn)

Signature L. E. Waghman
* 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.
 (Physician or midwife)

Given name added from a supplemental report _____ Address Globe Ariz.
 Month, day, year _____
 Registrar _____
 Filed 4/8, 1930 L. E. Waghman Registrar

245 - 221 - 1137