

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

State File No. 115
Registered No. 71

1. PLACE OF BIRTH

County Yuma State Arizona
District or Township _____ or Village Claypool
City Miami No. Oak St. St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Glenda Lofgren (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 March 13 - 1931
Month Day Year

8. FATHER
Full name Fredrick Martin Lofgren

14. MOTHER
Full maiden name Charlotte Ann Elmer

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

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If non-resident, give place and state. Arizona

10. Color or race White 11. Age at last birthday 45 (Years)

16. Color or race White 17. Age at last birthday 34 (Years)

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

18. Birthplace (city or place) Just Co Utah
(State or country)

13. Occupation Smelter man
Nature of Industry Copper

19. Occupation H W
Nature of Industry

20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 8
(b) Born alive but now dead 0
(c) Stillborn 0

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 at 1000 m. on the date above stated.
(Born alive or stillborn)

Signature Charles E. Jones
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami Arizona

Month, day, year _____ Filed March 20, 1931 Registrar le. e. Jones

Registrar

Registrar

735-313-359

ORDER OF BIRTH STATE.