# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 427a

Registered No.

1. PLACE OF BIRTH

County Navajo State 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 Elmer Daryl Rogers. If child is not yet named, make supplemental report, as directed.

3. Sex of Child M | 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 June 30, 1931 (Month Day Year)

8. FATHER

Full name John M. Rogers

9. Residence (Usual place of abode) Snowflake

If non-resident, give place and state.

10. Color or race W. 11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Snowflake (State or country) Ariz

13. Occupation Carpenter

Nature of Industry

14. MOTHER

Full maiden name Mary Eagar

15. Residence (Usual place of abode) Snowflake

If non-resident, give place and state.

16. Color or race W. 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Eagarville (State or country) Ariz.

19. Occupation Housewife

Nature of Industry

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 8 (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 alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*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 J. N. Haywood Phys. (Physician or midwife.)

Given name added from a supplementl report Month, day, year

Address Snowflake

Registrar.

Filed July 10 1931 J. H. Frost Registrar.

592-630-459