

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 980  
 Registered No. 154

1. PLACE OF BIRTH

County Gila State Arizona  
 Township \_\_\_\_\_ or Village P.O. Route 1 - Miami  
 City Miami No. 22 Van Winkle Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Agnes Ann Olson If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature Full term	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>June 27, 1932</u> <small>(Month, day, year)</small>
5. Number, in order of birth					

9. Full name **FATHER**  
Archie Andrew Olson

10. Residence (usual place of abode)  
Miami - Ariz  
(If nonresident, give place and State)

11. Color or race Cauc

12. Age at last birthday 23 (Years)

13. Birthplace (city or place)  
Globe Ariz  
(State or country)

14. Trade, profession, or particular kind of work done, as splener, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miami Copper Co.

16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

18. Full maiden name **MOTHER**  
Alice Pearl Boggs

19. Residence (usual place of abode)  
Miami Ariz  
(If nonresident, give place and State)

20. Color or race Cauc

21. Age at last birthday 20 (Years)

22. Birthplace (city or place)  
Calexico Calif  
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

26. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 2

28. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 29. 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 at 5<sup>10</sup> P. M. on the date above stated  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Cyril M. Brown M.D., M. D.  
or \_\_\_\_\_ Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Miami - Arizona  
Filed July 21, 1932 C. E. Olson Registrar

165-627-122