72

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 1

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. Pinto Creek Road to Roosevelt

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Don Gene Rogers (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 Jan 4 1933 (Month Day Year)

8. FATHER

Full name Burl Rogers

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Arizona

10. Color or race White | 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Bymont (State or country) Texas

13. Occupation Nature of industry Laborer

14. MOTHER

Full maiden name Lorenzo Goddard

15. Residence (Usual place of abode) Globe, Ari

If non-resident, give place and state.

16. Color or race White | 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Big Hill (State or country) Texas

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 None

(c) Stillborn None

21. Were precautions taken against thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 9:45 a.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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature F. E. Wightman MD (Physician or midwife).

Address Globe Ariz

Given name added from a supplemental report _____ Month, day, year

492-104-374 Registrar

Filed 2/7 1933 F. E. Wightman Registrar