1858

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of ..... or City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **141** State Index No. **510**

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 49

Local Registrar's No. .....

(No. ..... St; ..... Ward)

FULL NAME OF CHILD August Vogt — Born / Alive: YES / NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Feb (Month) 28 (Day) 1915 (Yr.)

FATHER		MOTHER	
Full Name	Henry Grover Vogt	Full Maiden Name	Katie Koeninger
Residence	Cor 4th & Bailey	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday	29 (Years)	Age at last Birthday	24 (Years)
Birthplace	Willow Point, Texas	Birthplace	Same
Occupation	Clerk	Occupation	Housewife

Number of child of this mother 3 | Number of children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb 28 1915, at 1259 M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. T. Sturgeon
(Attending physician, ~~midwife, householder.~~*)

Given or christian name added from a supplemental report ..... 191....

Address .....

Filed Mar 1 1915 — B G Fox
LOCAL REGISTRAR.

Filed Mar 5 1915 — True Copy — B G Fox
COUNTY REGISTRAR.

COUNTY REGISTRAR.