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This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS **139** State Index No. **477**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **134** Local Registrar's No. _____

PLACE OF BIRTH
County of Yuma
District of _____
Town of Miami
or _____
City of _____ (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Jena May Rogers Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <u>Female</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>May 11</u> 191 <u>5</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Wm E. Rogers</u>			Full Maiden Name <u>Jena Hankins</u>		
Residence <u>Miami Arizona</u>			Residence <u>Miami</u>		
Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>28</u> (Years)	
Birthplace <u>Texas</u>			Birthplace <u>Texas</u>		
Occupation <u>Painter</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 11 1915, at 4 A. M.
*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Lehar E. Irwin M.D.
(Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report _____ 1915
Address Miami Arizona

Filed May 30 1915 John H. Laey LOCAL REGISTRAR.
Filed July 5 1916 B. G. Fox COUNTY REGISTRAR.
A True Copy

312-911-242 COUNTY REGISTRAR.