[redacted]

[redacted]T ATTACHED

PLACE OF BIRTH

County of Graham

District of Central

Town of "

or

City of "

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

215 State Index No. 1145

Co. Register No. 246

Local Registrar's No. 174

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

FULL NAME OF CHILD Lofgreen { Born / Alive } YES ~~NO~~

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

Sex of Child Boy | ~~Twin, Triplet~~ or other | and | Number in order of birth 4 | Legitimate? Yes | Date of Birth 12 27 1916 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	James Peter Lofgreen	Full Maiden Name	Laura Jane Webster
Residence	Central	Residence	Central
Color or Race	Wht	Color or Race	Wht
Age at last Birthday	45 (Years)	Age at last Birthday	21 (Years)
Birthplace	Utah	Birthplace	Ariz
Occupation	Farm	Occupation	Housewife

Number of child of this mother 4 | Number of Children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? ——

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 12/27 1916, at 6 a M.

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

(Signature) M E Pratt

(Attending physician, midwife, householder.*)

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

Address .....

Filed 1/9 1917 A. A. French

LOCAL REGISTRAR.

135-1227-369

COUNTY REGISTRAR.

Filed 1/9 1917 A True Copy J. Merle Flatten

COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.