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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 110 State Index No.

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

Co. Register No. 50
Local Registrar's No. _____

FULL NAME OF CHILD Frank Loren Gogax } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth } Legitimate? Yes } Date of Birth Feb. 1, 1917
(Month) (Day) (Yr.)

FATHER
Full Name Frank Luther Gogax
Residence Miami
Color or Race White Age at last Birthday 24 (Years)
Birthplace Indiana
Occupation Solicitor (grocery)

MOTHER
Full Maiden Name Lorena Elizabeth Belle
Residence Miami
Color or Race White Age at last Birthday 22 (Years)
Birthplace Indiana
Occupation Housewife

Number of child of this mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb. 1, 1917, at 5:25 A.M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) [Signature]
(Attending physician, midwife, householder)

Given or Christian name added from a supplemental report _____ 191...
Address Miami 3000

677-201-342
COUNTY REGISTRAR.

Filed Feb 20 1917

Filed Mar 6 1917

John H. Loay
LOCAL REGISTRAR.
B. G. Joy
COUNTY REGISTRAR.

A True Copy