PLACE OF BIRTH

County of Gila

District of Miami

Town of Miami

or

City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 116

Co. Register No. 348

Local Registrar's No.

## ORIGINAL CERTIFICATE OF BIRTH

(No. Miami Inspiration Hospital Ward)

FULL NAME OF CHILD Carl Richard Skogren

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

Born Alive: Yes ~~No~~

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth |
|---|---|---|---|---|---|
| Male | | | | Yes | June 12 1921 (Month) (Day) (Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Richard Skogren | Full Maiden Name | Hanna Jacobsen |
| Residence | Miami, Ariz. | Residence | Miami - Ariz |
| Color or Race | White | Color or Race | White |
| Age at last Birthday | [redacted] (Years) | Age at last Birthday | 31 (Years) |
| Birthplace | Sweden | Birthplace | Sweden |
| Occupation | Millman | Occupation | H. wife (abdominal delivery) |

Number of child of this mother 2 | Number of children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? No

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on June 12 1921, at 6 50 A M.

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

(Signature) John E. Bacon

(Attending physician, midwife, householder.*)

Address Miami - Arizona.

Given or Christian name added from a supplemental report 192

Filed June 21 1921

B. N. Hardy M.D.

LOCAL REGISTRAR.

325-612-815

COUNTY REGISTRAR.

A True Copy

Filed July 5 1921

P. G. Ida

COUNTY REGISTRAR.