

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112  
County Registrar No. 364  
Local Registrar No. \_\_\_\_\_

2. Full name of child Robert Bogle  
No. Miami Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Male | To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth 2 | 7. Date of birth June 8 - 1923  
Month Day Year

8. FATHER  
Full name James Francis Bogle

14. MOTHER  
Full maiden name Eleanor O'Callaghan

9. Residence (Usual place of abode) Miami, Ariz.  
If nonresident, give place and state

15. Residence (Usual place of abode) Miami - Ariz.  
If nonresident, give place and state

10. Color or race White | 11. Age at last birthday 44 (Years)

16. Color or race White | 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Decatur Ill.  
(State or country)

18. Birthplace (city or place) Norway Mich.  
(State or country)

13. Occupation  
Nature of industry Electrician

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 2:30 A.M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. M. Crow M.D.  
Address Miami, Ariz.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year.

Filed July 1, 1923 P. E. Jovin  
Local Registrar.

Registrar. \_\_\_\_\_

Filed 7-7 1923 A. G. Tia  
County Registrar.

925-608-565