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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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila District of _____ Town of _____ or Globe City of _____ No. _____ St. _____ Ward _____

2. Full name of child Leonard Franklin Rogers (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 5-5-24 Month Day Year

8. FATHER Full name <u>Lee Marshall Rogers</u>		14. MOTHER Full maiden name <u>Ma Bly Greer</u>	
9. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe Ariz.</u> If nonresident, give place and state	
16. Color or race <u>White</u>	11. Age at last birthday <u>23</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Sonora Texas</u> (State or country)		18. Birthplace (city or place) <u>Parsons N. Mexico</u> (State or country)	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	

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 1 (b) Born alive but now dead 0 (c) Stillborn 0

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 alive at 5:00 A.M. on the date above stated.
(Born alive ~~as stillborn~~)

*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. W. Adams (Physician ~~_____~~)
Address Globe, Arizona

Given name added from a supplemental report _____ Month, day, year. Registrar. _____

Filed 5-10-24 B. G. J. O. Local Registrar.
Filed 6-5-24 B. G. J. O. County Registrar.

392-505-479