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

State Index No. 112

County Registrar No.

Local Registrar No. 27

PLACE OF BIRTH

1. County of Gila

District of

Town of Globe

or

City of No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frank Fogal Jr (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: M

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth 1

6. Legitimate? yes

7. Date of birth Feb 3 26 (Month Day Year)

8. FATHER

Full name Frank Fogal

9. Residence (Usual place of abode) 335 S Sutherland

If non-resident, give place and state.

10. Color or race: W

11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Ariz

(State or country)

13. Occupation Clerk

Nature of industry

14. MOTHER

Full maiden name Eleanor Stevens

15 Residence (Usual place of abode) 335 S Sutherland

If non-resident, give place and state.

16 Color or race: W

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Tex

(State or country)

19. Occupation Housewife

Nature of industry

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 3 a m. on the date above stated (Born alive or 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 R D Kennedy (Physician or midwife).

Address Globe

Given name added from a supplemental report Month, day, year

Filed 2-4, 1926 N. W. Hoist Local Registrar.

Registrar

Filed , 19 County Registrar.

663-203-522