

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. 131

County Registrar No. 639

Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Benjamin Edward Loggreen (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 May 8, 1926
Month Day Year

8. FATHER
Full name Frederick M. Loggreen

9. Residence Claypool, Ariz.
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Bowie, Arizona
(State or country)

13. Occupation
Nature of industry Millman

14. MOTHER
Full maiden name Ann C. Elmer

15. Residence Claypool, Ariz.
(Usual place of abode)
If non-resident, give place and state.

16. Color or race Cauc. 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Hephi, Utah
(State or country)

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 6
(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 at 12⁵⁰ 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 Byril M. Brown, M.D.
(Physician or midwife.)

Address Miami, Arizona

Given name added from a supplemental report. Filed June 9, 1926 H. E. Jones
Month, day, year Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

235-504-159