V

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 167
County Registrar No. 724
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of
Town of
or
City of Miami

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

2. Full name of child Mary Elinore Holmgren { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female | 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 July 26. 1936 (Month Day Year)

8. FATHER
Full name Arthur Phillip Holmgren

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

10. Color or race White | 11. Age at last birthday 34 (Years)

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

13. Occupation Recruiting Sergeant
Nature of industry U. S. Army

14. MOTHER
Full maiden name Mary Champion

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

16 Color or race White | 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Rush County
(State or country) Indiana

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 3
(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 alive (Born alive or stillborn) at 4 N 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 Charles E. Tom M.D. (Physician or midwife).
Address Miami Arizona

Given name added from a supplemental report Month, day, year Filed July 28, 1936 C. E. Tom Local Registrar.

Registrar Filed , 19 County Registrar.

485-726-435

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.