

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

181A^v
 State File No. 248
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village P.O. Box 526
 City Miami No. Claypool, Ariz. St. _____ Ward _____
(If birth occurred in a hospital or institution give its NAME instead of street and number)

2. Full name of child Lewel Ferrett Lofgreen { 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 Feb. 25 - 1929
 Month Day Year

8. FATHER
 Full name Fred M. Lofgreen
 9. Residence (Usual place of abode) Claypool, Ariz.
 If non-resident, give place and state.

8. MOTHER
 Full maiden name Charlotte A. Elmer
 15. Residence (Usual place of abode) Claypool, Arizona
 If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 42 (Years)

16. Color or race Cauc. 17. Age at last birthday 32 (Years)

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

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

13. Occupation
 Nature of industry Mining

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 7
 (Taken as of time of birth of child here certified and including this child.)
 (a) Born alive and now living 7
 (b) Born alive but now dead 0
 (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 alive at 12:30 P. 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 Byron M. Brown M.D.
Physician
 (Physician or midwife).

Given name added from _____ Address Miami, Arizona
 n supplemental report _____ Month, day, year _____

Filed June 12, 1929 Registrar He. E. Dwyer
 Registrar

335-225-359

DIRECTOR OF BIRTH STATISTICS