

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
STANDARD CERTIFICATE OF BIRTH

1927
State File No. _____
Registered No. 135

1. PLACE OF BIRTH

County Gila Co. State Arizona
District or Township _____ or Village _____
City Globe No. Gila General Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Bernard Hogan { 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 2 6. Legitimate? yes 7. Date of birth Aug 16 - 29
Month Day Year

8. FATHER
Full name Edward R. Hogan
9. Residence (Usual place of abode) Globe Ariz
If non-resident, give place and state.

14. MOTHER
Full maiden name Elsie Sackett
15. Residence (Usual place of abode) Globe Ariz
If non-resident, give place and state.

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

16. Color or race W 17. Age at last birthday 39 (Years)

12. Birthplace (city or place) Hogales Ariz
(State or country)

18. Birthplace (city or place) M. Mex.
(State or country)

13. Occupation Clerk
Nature of industry Hardware

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 2 (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 1 (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 29 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
Globe (Physician or midwife)

Given name added from a supplemental report _____ Address _____
Month, day, year _____
Registrar _____ Filled 9/16 1927 H. E. Wightman Registrar

185-816-528