

made for the number of each.

in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Sila
District of Copper Hill
Town of _____
or _____
City of Globe

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130
County Registrar No. _____
Local Registrar No. 5

2. Full name of child Rolando Perez
No. Copper Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
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 _____ } 6. Legitimate? yes } 7. Date of birth 1 2 27
Month day year

8. FATHER
Full name Jesus Perez
9. Residence (Usual place of abode) Copper Hill
If nonresident, give place and state _____

14. MOTHER
Full maiden name Fidela Rios
15. Residence (Usual place of abode) Copper Hill
If nonresident, give place and state _____

10. Color or race Mexican
11. Age at last birthday 25 (Years)

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

12. Birthplace (city or place) Redosa, Texas
(State or country)

18. Birthplace (city or place) Moyallon, N. Mex.
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry I. V. W.

20. Number of children of this mother (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) (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 alive at 4:45 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 evidences of life after birth.
Signature L. E. W. [unclear]
Address Globe, Arizona
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. _____
Filed Jan 31 - 1927 Local Registrar. _____
County Registrar. _____

979-102-692