

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 171
Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Baby Estrada
(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 no 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Jan 17 1927
Month Day Year

8. FATHER
Full name Ruiz Estrada

14. MOTHER
Full maiden name Beatrice Perez

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

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If non-resident, give place and state _____

10. Color or race Mexican 11. Age at last birthday 27 (Years)

16. Color or race Mexican 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Mexico
(State or country)

13. Occupation Laborer
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother seven } (a) Born alive and now living three
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead three
(c) Stillborn one 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 stillborn at 1:30 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 T. C. Harper, M.D.
physician
(Physician or midwife).

Given name added from a supplemental report. _____
Month, day, year _____

Address Globe, Arizona
Filed 1-31, 1927 Dr. St. Horst
Registrar

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. 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. MA: ENT REC. 3

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