

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

State File No. 160

Registered No. 40

**1. PLACE OF BIRTH**

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Raphael Cardenas (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other no 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth Feb. 19, 1927 (If child is not yet named, make supplemental report, as directed.)

8. FATHER  
 Full name Raphael Cardenas

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

10. Color or race Mexican 11. Age at last birthday 30 (Years)

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

13. Occupation  
 Nature of industry Miner

14. MOTHER  
 Full maiden name Angela Robledo

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

16. Color or race Mexican 17. Age at last birthday 23 (Years)

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

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother Five  
 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living Five  
 (b) Born alive but now dead None  
 (c) Stillborn None

21. Were precautions taken against opthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 7:40 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. Harger  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona

Month, day, year \_\_\_\_\_ Filed 2-28 1927 Jr. J. Hont Registrar

WITH UNPAID... SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

932-219-196