

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

State File No. 180  
 Registered No. 43

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Frank Huerta (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 no 6. Legitimate? yes 7. Date of birth Feb. 28, 1927  
 5. No., in order of birth \_\_\_\_\_ Month Day Year

**8. FATHER**  
 Full name Ignacio Huerta

**14. MOTHER**  
 Full maiden name Edwigez Lopez

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

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

10. Color or race Mexican 11. Age at last birthday 34 (Years)

16. Color or race Mexican 17. Age at last birthday 24 (Years)

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

18. Birthplace (city or place) Globe, Arizona  
 (State or country)

13. Occupation miner  
 Nature of industry

19. Occupation Housewife  
 Nature of industry

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 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 7:30 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 evidence of life after birth.  
 Signature T. C. Harper  
 (Physician or midwife)

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

Month, day, year \_\_\_\_\_ Filed 2-28-27 W. H. Horst  
 Registrar Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number order of birth stated.

681-228-539