ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 135

County Registrar No.

Local Registrar No. 105

PLACE OF BIRTH

1. County of Gila

District of

Town of

or City of 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 Carlos Molina } 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: 2 5. No., in order of birth: 2

6. Legitimate? yes

7. Date of birth: May (Month) 4 (day), 1927 (year)

FATHER

8. Full name: Eladio Molina

9. Residence (Usual place of abode): Globe, Arizona

If nonresident, give place and state

10. Color or race: Mexican

11. Age at last birthday: 30 (Years)

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

13. Occupation: Miner

Nature of industry

MOTHER

14. Full maiden name: Leonides Ornelas

15. Residence (Usual place of abode): Globe, Arizona

If nonresident, give place and state

16. Color or race: Mexican

17. Age at last birthday: 30 (Years)

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

19. Occupation: Housewife

Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: Six

(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 (Born alive or stillborn.) at 11:20 A.M. on the date above stated.

*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: T. C. Harper M.D. (Physician or midwife)

Address: Globe, Arizona

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

Filed: 19

Registrar.

Filed: 5-31 27 W Motom Local Registrar.

County Registrar.

341-504-362

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.