

WRITE PL. 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of _____
 or Globe
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175
 County Registrar No. _____
 Local Registrar No. 111

2. Full name of child Bernardino Carbajal
 (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 single
 5. No., in order of birth one
 7. Date of birth May 20, 1927
 Month day year

8. FATHER
 Full name Juan Sandoval
 9. Residence (Usual place of abode) Los Angeles, Calif.
 If nonresident, 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 Laborer
 Nature of industry

14. MOTHER
 Full maiden name Juana Carbajal
 15. Residence (Usual place of abode) Globe, Arizona
 If nonresident, give place and state
 16. Color or race Mexican
 17. Age at last birthday 37 (Years)
 18. Birthplace (city or place) Mexico
 (State or country)
 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 five
 (b) Born alive but now dead five
 (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 12:30 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 evidences of life after birth.
 Given name added from supplemental report _____
 Signature J. C. Harper M.D.
 Address Globe, Arizona
 (Physician or midwife)

Filed _____ 19____
 Filed 5-31-27
 Registrar. _____
 Local Registrar. _____
 County Registrar. _____

233-520-133