

WRITE PLAIN 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

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 195
 County Registrar No. _____
 Local Registrar No. 120

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

No. Euclid St. St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child F. To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? Yes
 5. No., in order of birth. _____ 7. Date of birth MAY-27-1927
 Month day year

8. FATHER
 Full name Modesto Monarrez

14. MOTHER
 Full maiden name Valentina Lopez

9. Residence (Usual place of abode) Globe
 If nonresident, give place and state

15. Residence (Usual place of abode) Globe
 If nonresident, give place and state Ariz.

10. Color or race Mex.
 11. Age at last birthday 48 (Years)

16. Color or race Mex.
 17. Age at last birthday 26 (Years)

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

18. Birthplace (city or place) Florencia
 (State or country) Ariz.

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

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 6
 (b) Born alive but now dead 0
 (c) Stillborn 0

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 or stillborn) at 6:30 P.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 [Signature]
 Address Globe (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year. Filed 5-31-27 Local Registrar.

Registrar. _____ Filed _____ County Registrar.

349-527-539