WRITE PLAINLY 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 205

County Registrar No.

Local Registrar No. 115

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 Juan Montiel } 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

5. No., in order of birth

6. Legitimate? yes

7. Date of birth May 30, 1927 (Month, day, year)

8. FATHER

Full name Juan Montiel

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

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 26 (Years)

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

13. Occupation Nature of industry Miner

14. MOTHER

Full maiden name Francisca Larriboz

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

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 25 (Years)

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

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 one

(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 3 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

Local Registrar.

Registrar.

Filed 5-31, 1927 W. W. Forst

County Registrar.

143-530-639