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

1. County of Gila

District of

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134

County Registrar No.

Local Registrar No. 128

No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frank 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

5. No., in order of birth

6. Legitimate? yes

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

8. FATHER

Full name alex Molina

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

If nonresident, give place and state

10. Color or race American

11. Age at last birthday 43 (Years)

12. Birthplace (city or place) Tucson, Arizona

(State or country)

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Jessie Peralta

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

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 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 11:15 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.

Signature T. C. Harper, M. D. (Physician ~~or midwife~~)

Address Globe, Arizona

Given name added from a supplemental report

Month, day, year.

Filed 6-30, 1927 W. Wistont

Local Registrar.

641-604-171

Registrar.

Filed , 19

County Registrar.