

N. B.—In case of more than one child at a birth, a SEPARATE REPORT 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 Globe  
 City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 133

2. Full name of child Eliseo Galarza  
(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 no } 5. No., in order of birth \_\_\_\_\_ } 6. Legitimate? yes } 7. Date of birth June 14, 1927  
 Month day year

8. FATHER  
 Full name Jesus Galarza  
 9. Residence (Usual place of abode) Globe, Arizona  
 If nonresident, give place and state

14. MOTHER  
 Full maiden name Maria Cisneros  
 15. Residence (Usual place of abode) Globe, Arizona  
 If nonresident, give place and state

10. Color or race Mexican  
 11. Age at last birthday 24 (Years)

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

16. Color or race Mexican  
 17. Age at last birthday 27 (Years)

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

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 two  
 (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 4:45 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 T. C. Harper M. D.  
 (Physician or midwife)  
 Address Globe, Arizona

Filed 6-30 1927  
 Registrar W. M. Hoyt Local Registrar.  
 County Registrar.