

SUPPLEMENT ATTACHED

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. 141
 County Registrar No. _____
 Local Registrar No. 154

2. Full name of child Jose Cano
 No. _____ St. _____ Ward _____
 (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 if in event of plural births.
 4. Twin, triplet or other. _____
 5. No., in order of birth. _____
 6. Legitimate? Yes
 7. Date of birth July 4, 1927
 Month day year

8. FATHER
 Full name Eladio Cano

14. MOTHER
 Full maiden name Lupe Pena

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

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

10. Color or race Mexican
 11. Age at last birthday 35 (Years)

16. Color or race Mexican
 17. Age at last birthday 34 (Years)

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

18. Birthplace (city or place) Las Cruces, New Mexico
 (State or country)

13. Occupation miner
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother (a) Born alive and now living _____
 (b) Born alive but now dead _____
 (c) Stillborn _____
 21. Were precautions taken against Yes
 thalimia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:00 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. F. Harper (Physician or midwife)
 Address Globe, Arizona

Given name added from a supplemental report _____
 Month, day, year. 136-704-371
 Registrar. _____
 Filed 7-31-27 H. J. Horst
 Local Registrar.
 Filed _____
 County Registrar.

VITAL RECORD each, and the number of each.