

... 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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 143
County Registrar No. _____
Local Registrar No. 153

District of _____
Town of _____
or Globe
City of _____

2. Full name of child Refugio Apodaca (If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other no 6. Legitimate? yes 7. Date of birth July 4, 1927 (If child is not yet named, make supplemental report, as directed.)

8. FATHER
Full name Felix Apodaca

14. MOTHER
Full maiden name Josefa Gonzales

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

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If nonresident, give place and state

10. Color or race Mexican

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11. Age at last birthday 38 (Years)
12. Birthplace (city or place) El Paso
(State or country) Texas

17. Age at last birthday 29 (Years)
18. Birthplace (city or place) El Paso
(State or country) Texas

13. Occupation Farmer
Nature of industry

19. Occupation Housewife
Nature of industry

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 3
(b) Born alive but now dead 1
(c) Stillborn _____

21. Were precautions taken against epithemia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:10 P. (Born alive or stillborn.) 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
Physician or midwife

Address Globe, Arizona
Local Registrar

Given name added from a supplemental report
Month, day, year.
9 11 704-172
Registrar.

Filed 7-31 1927
County Registrar.