

PLACE OF BIRTH

1. County of Esila
 District of _____
 Town of _____
 or _____
 City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164
 County Registrar No. _____
 Local Registrar No. 150

2. Full name of child Eugenia Ybarra
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
 3. Sex of Child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. Legitimate? yes
 6. Date of birth July 13, 1927
If child is not yet named, make supplemental report, as directed.

7. No., in order of birth _____
 8. Month _____ day _____ year _____

8. FATHER
 Full name Juan Ybarra
 9. Residence (Usual place of abode) _____
 If nonresident, give place and state _____

14. MOTHER
 Full maiden name Sejora Muldoon
 15. Residence (Usual place of abode) Globe, Ariz.
 If nonresident, give place and state _____

10. Color or race Mexican
 11. Age at last birthday 38 (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) Mexico
 (State or country)

13. Occupation miner
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother
 (Taken as of time of birth of child hereto certified and including this child.)
 (a) Born alive and now living Six
 (b) Born alive but now dead _____
 (c) Stillborn non
 21. Were precautions taken against ep. thalnia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:45 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.
 Given name added from a supplemental report _____
 Signature T. Harper
 Address Globe, Ariz.
 Local Registrar W. W. Horst
 County Registrar _____

Month, day, year. 5 81 713 2460
 Registrar _____

Filed 7-31, 1927
 Filed _____
 County Registrar _____