ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 199

Registered No. 161

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Globe No. Halby Court St. ..... Ward

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

2. Full name of child Anita Pone

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child F

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 7 - 27 1927 (Month Day Year)

8. FATHER

Full name Francisco Pone

9. Residence (Usual place of abode)

If non-resident, give place and state Halby Court

10. Color or race Mexican

11. Age at last birthday 39 (Years) (Thirty nine)

12. Birthplace (city or place) .....

(State or country) Old Mexico

13. Occupation

Nature of industry Laborer

14. MOTHER

Full maiden name Elena Leon

15 Residence (Usual place of abode)

If non-resident, give place and state.

16 Color or race Mexican

17. Age at last birthday 30 (Years)

18. Birthplace (city or place) .....

(State or country) Old Mexico

19. Occupation

Nature of industry House wife

20. Number of children of this mother .....

(Taken as of time of birth of child herein certified and including this child.) 5

(a) Born alive and now living 5

(b) Born alive but now dead .....

(c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 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 evidence of life after birth.

Signature S. E. Wightman Jr. M.D.

(Physician or midwife).

Given name added from a supplemental report .....

Month, day, year

Address Globe, Arizona

Filed 8-31, 27 W. N. Horst

Registrar

Registrar

173-727-535

WRITE PLAINLY

... in case of more than one child at a b... order of birth stated.