# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 178

Registered No. 204

1. PLACE OF BIRTH

County Gila State Arizona

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

City Globe No. 428 Euclid Ave St., ..... Ward

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

2. Full name of child Aurelia B. Sandoval { If child is not yet named, make supplemental report, as directed.

3. Sex of Child girl | 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 9 - 30 - 1927 (Month Day Year)

8. FATHER

Full name Aurelio Sandoval

9. Residence (Usual place of abode) #428 Euclid Ave

If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Sonora

(State or country) Mexico

13. Occupation

Nature of industry Truck driver

14. MOTHER

Full maiden name Carmen Baltrin

15 Residence (Usual place of abode) #428 Euclid Ave

If non-resident, give place and state.

16 Color or race Mexican

17. Age at last birthday 25 (Years)

18. Birthplace (city or place)

(State or country) Mexico

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 2

(b) Born alive but now dead 1

(c) Stillborn .....

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 Sept 30 (Born alive or stillborn.) at 3:40 a.m. 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 evidence of life after birth.

Signature L. E. Wightman M.D.

(Physician or midwife).

Given name added from a supplemental report ..... Month, day, year

Address .....

Registrar

Filed Sept 30, 1927 W. W. Stout Registrar

123-930-325