

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of _____

Town of _____

or Globe

City of _____

SUPPLEMENT ATTACHED

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142

County Registrar No. _____

Local Registrar No. 215No. Near Ruiz Canyon St. _____ Ward _____

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

2. Full name of child RAUL C. SANCHEZ } If child is not yet named, make supplemental report, as directed.3. Sex of Child M. To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth Oct 17-1927
5. No., in order of birth. _____ Month day year8. FATHER Full name JOE Sanchez 14. MOTHER Full maiden name Raephela Grijalba9. Residence (Usual place of abode) Globe 15. Residence (Usual place of abode) Globe
If nonresident, give place and state10. Color or race Mex 11. Age at last birthday 39 (Years) 16. Color or race Mex 17. Age at last birthday 31 (Years)12. Birthplace (city or place) Mexico 18. Birthplace (city or place) Phoenix
(State or country) Ariz13. Occupation Laborer in foundry 19. Occupation Housewife
Nature of industry20. Number of children of this mother (a) Born alive and now living 8 21. Were precautions taken against ophthalmia neonatorum? Yes
(b) Born alive but now dead 0
(c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* JO

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn.) at 12: 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 evidences of life after birth.
Signature [Signature] (Physician or midwife)
Address GlobeGiven name added from supplemental report _____
Month, day, year. _____ Filed 10-31, 1927 _____
Local Registrar. W. W. HorstRegistrar. _____ Filed _____ 19____
County Registrar. _____

929-1017-929