

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

County of Gila  
 District of Globe  
 Town of Globe  
 or  
 City of Globe

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 217

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alfred Romero { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male 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 10-22-27  
 Month Day Year

8. FATHER  
 Full name Antonio Romero  
 9. Residence (Usual place of abode)  
 If non-resident, give place and state. Globe, Ariz  
 10. Color or race Mex  
 11. Age at last birthday 25 (Years)  
 12. Birthplace (city or place) Mexico  
 (State or country)  
 13. Occupation  
 Nature of industry laborer

14. MOTHER  
 Full maiden name Guadalupe Molina  
 15. Residence (Usual place of abode)  
 If non-resident, give place and state. Globe, Ariz  
 16. Color or race Mex  
 17. Age at last birthday 17 (Years)  
 18. Birthplace (city or place) Safford, Arizona  
 (State or country)  
 19. Occupation  
 Nature of industry HOUSE WIFE

20. Number of children of this mother 2 (a) Born alive and now living 1  
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 1  
 (c) Stillborn 0 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 born alive at 10:30 A.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 [Signature] (Physician or midwife)

Address Box 630, Globe, Arizona

Given name added from a supplemental report. Filed 10-31-27 S. W. Horst Local Registrar.

Month, day, year

Filed \_\_\_\_\_, 19\_\_\_\_ Registrar \_\_\_\_\_ County Registrar \_\_\_\_\_

Registrar

County Registrar

196-1022-741

ORIGINAL COPY OF BIRTH ORDER