

For more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 125

District of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Town of _____

Local Registrar No. 226

or Globe

City of _____

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

2. Full name of child Guadalupe Ybarra

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

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? Yes

7. Date of birth 10-29-1927
 Month day year

Female

5. No., in order of birth 2

8. FATHER
 Full name Santos Ybarra

14. MOTHER
 Full maiden name Amelia Olivas

9. Residence (Usual place of abode) Globe
 If nonresident, give place and state Arizona

15. Residence (Usual place of abode) Globe
 If nonresident, give place and state Arizona

10. Color or race Mexican

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11. Age at last birthday 38 (Years)

17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Mexico
 (State or country)

18. Birthplace (city or place) Tempe
 (State or country) Arizona

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 herein certified and including this child.)
 (a) Born alive and now living 8
 (b) Born alive but now dead 0
 (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 8:45 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 evidences of life after birth.

Signature T.C. Harper
 (Physician or midwife)

Address Globe, Ariz.

Given name added from _____
 1 supplemental report _____
 Month, day, year.

Filed 10-31-27 Local Registrar.

Registrar.

Filed _____

County Registrar.

781-1029-162