

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Globe

or _____

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 125

County Registrar No. _____

Local Registrar No. 2502. Full name of child Josephine Minitre } (If birth occurred in a hospital or institution, give its NAME instead of street and number) } If child is not yet named, make supplemental report, as directed.3. Sex of Child Female 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 Dec. 18, 1927Month Dec day 18 year 19273. FATHER. Full name Joe Minitre9. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state _____10. Color or race Mexican12. Birthplace (city or place) Monticello
(State or country) New Mexico13. Occupation Coal ripper in
Nature of industry mine14. MOTHER. Full maiden name Terusa Apodaca15. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state _____16. Color or race Mexican17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Monticello
(State or country) New Mexico19. 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. 1 (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 8:20 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 evidences of life after birth.
Signature T. C. Harper (Physician or midwife)
Address Globe, ArizonaGiven name added from a supplemental report _____
Month, day, year. _____ Filed 12/31 1927 H. W. Horst Local Registrar.

Registrar. _____

Filed _____ 19____ County Registrar.

145-1218-311

each.

In order of birth sta. no.