

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 167
Registered No. 8

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James Ponce { 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 1-1-1930
Month Day Year

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

14. MOTHER
Full maiden name Solita Turrietta
15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz
16. Color or race Mexican
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Tas. Brusca
(State or country) N. Mexico
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 1 (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 alive at 10:30 Am 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 C. W. Adams
Physician
(Physician or Midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Box 636 Globe, Ariz.

Filed 2/10, 1930 S. E. Wightman
Registrar

Registrar

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N. B.—In case of 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.