

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

State File No. 137
Registered No. 27

1. PLACE OF BIRTH

County Gila State Ariz.

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 Rosie Monarrez (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 Jan 6, 1930
Month Day Year

8. FATHER
Full name Modesto Monarrez
9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

14. MOTHER
Full maiden name Valentia Lopez
15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

10. Color or race Mex
11. Age at last birthday 52 (Years)

16. Color or race Mex
17. Age at last birthday 30 (Years)

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

18. Birthplace (city or place) Florence, Ariz.
(State or country)

13. Occupation miner
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7
(b) Born alive but now dead 0
(c) Stillborn _____

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 Rosie Monarrez at 12:00 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 T. C. Harper
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona
Month, day, year _____

Registrar _____ Filed 2/10, 1930 B. E. Wightman Registrar

949-106-539

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 05-11-2010 BY 60322 UCBAW/STP/STP