

THIS IS A PERMANENT RECORD - THIS IS A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 1449
Registered No. 528

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 Candida Gregoria Robles (If child is not yet named, mak 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? _____ 7. Date of birth 3-9-1930 Month 3 Day 9 Year 1930

8. FATHER
Full name Raphael Granado

14. MOTHER
Full maiden name Carlotta Robles

9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

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 48 (Years)

16. Color or race
Mex.

17. Age at last birthday 32 (Years)

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

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

13. Occupation
Nature of industry Miner

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2
(b) Born alive but now dead 20
(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 born alive at 6 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 evidence of life after birth.

Signature T. C. Harper _____
physician
(Physician or Midwife).

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

Filed 4/8 1930 W. E. Wighams, Jr.
Registrar _____ Registrar _____

392 - 309 - 392