

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

State File No. 2059
 Registered No. 59

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 Elasia Minitre

{ 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 _____	6. Legitimate? Yes	7. Date of birth <u>3-28-1930</u> Month Day Year
5. No., in order of birth _____				

8. FATHER
 Full name Joe Minitre

14. MOTHER
 Full maiden name Teresa Apodaca

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 30 (Years)

16. Color or race
Mex.

17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Monticello,
 (State or country) New Mex.

18. Birthplace (city or place) Monticello,
 (State or country) New Mex.

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife.

20. Number of children of this mother 2
(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 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: P. m. on the date above stated.
(Born alive or stillborn.)

Signature J. C. Harper

 (Physician or Midwife).

Given name added from a supplemental report _____
 Address Globe, Arizona
 Month, day, year _____
 Registrar G. E. Wightman, Jr.

545-328-311

DIVISION OF VITAL STATISTICS