

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

State File No. 781  
 Registered No. \_\_\_\_\_

**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 Richard Cisneros { 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 Apr. 18, 1930  
 Month Day Year

8. FATHER  
 Full name Joe G. Cisneros  
 9. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.  
 10. Color or race Mex.  
 11. Age at last birthday 27 (Years)  
 12. Birthplace (city or place) Mexico  
 (State or country)  
 13. Occupation Clerk  
 Nature of industry

14. MOTHER  
 Full maiden name Hortense Van Alst  
 15. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.  
 16. Color or race Mex  
 17. Age at last birthday 26 (Years)  
 18. Birthplace (city or place) Solomonville Ariz.  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry

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 9:1 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. S. Harper  
 \_\_\_\_\_  
 (Physician or Midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year 9-22-41  
 Registrar

Address Globe, Arizona  
 Filled 5/12, 1930 H. E. Wightman  
 Registrar