

14.—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.

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

State File No. 185
Registered No. 106

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 Marcial Jose Parra { 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 May 14, 1930
Month Day Year

8. FATHER
Full name Marcial A. Parra

14. MOTHER
Full maiden name Concepcion B. Bufanda

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

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

10. Color or race Mexican 11. Age at last birthday 35 (Years)

16. Color or race Mexican 17. Age at last birthday 32 (Years)

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

18. Birthplace (city or place) Mammoth
(State or country) Arizona

13. Occupation miner
Nature of industry Copper mining

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (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 3:00 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 Herman E. Bodemer

Physician
(Physician or Midwife).

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

Filed June 4, 1930 Registrar H. E. Wightman, M.D.
471-524-108 Registrar