

N. B.—In case of multiple births, 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. 214
 Registered No. 125

1. PLACE OF BIRTH

County Pima 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 Alberto Guerra { 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 June 28, 1930
Month Day Year

8. FATHER
 Full name Natalio Guerra
 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 42 (Years)
 12. Birthplace (city or place) Mexico
(State or country)
 13. Occupation Laborer
Nature of industry

14. MOTHER
 Full maiden name Concepcion Ledesma
 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 36 (Years)
 18. Birthplace (city or place) Mexico
(State or country)
 19. Occupation Housewife
Nature of industry

20. Number of children of this mother 3 (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 _____ 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 8:30 A.M. on the date above stated.
(Born alive or stillborn.)

Signature T. S. Harper
Physician (Physician or Midwife)
 Address Globe, Arizona
 Filed 7/9 1930 H. W. Wightman Registrar

* 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.

Given name added from a supplemental report _____ Month, day, year _____ Registrar

171-628-331