

WILL BE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—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. 189  
 Registered No. 170

**1. PLACE OF BIRTH**

County Gila State Globe  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Ariz. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Rosemary Carbajal 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** \_\_\_\_\_  
**5. No., in order of birth** \_\_\_\_\_

**6. Legitimate?**  
yes

**7. Date of birth** 8-16-1930  
Month Day Year

**8. FATHER**  
Full name Manuel Carbajal

**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** 39 (Years)

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

**13. Occupation**  
Nature of industry Laborer

**14. MOTHER**  
Full maiden name María Perez

**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** 38 (Years)

**18. Birthplace (city or place)**  
(State or country) Mexico

**19. Occupation**  
Nature of industry Housewife

**20. Number of children of this mother** 12  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 9  
(b) Born alive but now dead 3  
(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 9:38 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, Ariz.

Registrar \_\_\_\_\_

Filed 9/8 1930 H. E. Wightman Registrar

933-816-477