

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

State File No. _____
Registered No. 217

1. PLACE OF BIRTH

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

2. Full name of child Richard Contreras
(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 9-11-30
Month Day Year

8. FATHER
Full name Juan S. Contreras
9. Residence (Usual place of abode) Globe Arizona
If non-resident, give place and state. _____
10. Color or race Mexican
11. Age at last birthday 34 (Years)
12. Birthplace (city or place) Mexico
(State or country) _____
13. Occupation miner
Nature of industry Copper Mining

14. MOTHER
Full maiden name Amelia Lopez
15. Residence (Usual place of abode) Globe Arizona
If non-resident, give place and state. _____
16. Color or race Mexican
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) Globe Arizona
(State or country) _____
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 6
(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 _____
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 12:50 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 J. Bodemer
Physician
(Physician or Midwife)

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

Address Globe, Arizona
Filed 12/4 1930 B. E. Lightner Registrar

937-911-139

ALL CURS OF INK TO BE USED IN THIS RETURN. A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.