

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

161

State File No. \_\_\_\_\_  
 Registered No. 190

**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 Anta Querena (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Sept. 18, 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER  
 Full name Jesus Querena

14. MOTHER  
 Full maiden name Emma Bracamonte Guzman

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

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

10. Color or race Mexican  
 11. Age at last birthday 27 (Years)

16. Color or race Mexican  
 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Globe Ariz.  
 (State or country)

18. Birthplace (city or place) Globe Ariz.  
 (State or country)

13. Occupation  
 Nature of industry Laborer in Laundry

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother <u>1</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 7:00 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 [Signature]  
 \_\_\_\_\_  
 (Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Box 636 Globe, Ariz.  
 \_\_\_\_\_  
 Month, day, year

Filed 10/10, 1930 [Signature] Registrar  
 \_\_\_\_\_

171-918-575