

WRITE 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. 205

1. PLACE OF BIRTH
 County Gila 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 Carmel Cueto { 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 10-24-1930
 Month Day Year

8. FATHER
 Full name Fred Cueto
 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 28 (Years)
 12. Birthplace (city or place) Morenci Ariz.
 (State or country)
 13. Occupation miner
 Nature of industry

14. MOTHER
 Full maiden name Juanta Amador
 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 24 (Years)
 18. Birthplace (city or place) Clifton Ariz.
 (State or country)
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 2
 (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 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 Female at 3:00 P. m. on the date above stated.
 (Born alive or stillborn.)
 Signature T. C. Hoppel
Physician (Physician or Midwife).
 Address Globe, Ariz.
 Filed 11/9 1930 E. E. Lightman
 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

336-1024-119