

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

115
 State File No. _____
 Registered No. 237

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 Beatrice Mageno { 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>Dec. 2 1932</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Lotero Mageno
 9. Residence (Usual place of abode) Globe
 If non-resident, give place and state.
 10. Color or race W
 11. Age at last birthday 49 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation Minister
 Nature of industry _____

14. MOTHER
 Full maiden name Marcalino Cuellar
 15. Residence (Usual place of abode) Globe
 If non-resident, give place and state.
 16. Color or race W
 17. Age at last birthday 35 (Years)
 18. Birthplace (city or place) Mexico
 (State or country)
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother <u>12</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>8</u> (b) Born alive but now dead <u>4</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 Born alive at 8 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 R. J. Kennedy

 (Physician or Midwife)

Given name added from a supplemental report _____
 Address Globe, Ariz
 Month, day, year _____
 Filed 1/4 1934 L. E. Wightman
 Registrar

246-1202-439