ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 137

Registered No. 63

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Globe No. Gila County Hosp St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Charles Kenneth Michelena { 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 Mar. 24, 1931 (Month Day Year)

8. FATHER

Full name Ramon Gallego Michelena

9. Residence (Usual place of abode) Solomonville

If non-resident, give place and state. Ariz

10. Color or race White | 11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Solomonville

(State or country) Ariz.

13. Occupation

Nature of Industry Merchant

14. MOTHER

Full maiden name Allie Fair Willhoit

15. Residence (Usual place of abode) Solomonville

If non-resident, give place and state. Ariz.

16. Color or race White | 17. Age at last birthday 34 (Years)

18. Birthplace (city or place) Longrun

(State or country) Mo.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 1

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(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 alive (Born alive or ~~stillborn~~.) at 5:00 A.m. on the date above stated.

* 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 C W Adams

Physician

(Physician or ~~Midwife~~)

Given name added from a supplemental report 341-324-163 (Month, day, year)

Address Box 636 Globe, Ariz

Filed 4/10 1931 L. E. Wightman

Registrar

Registrar

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.