

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

State File No. 141  
 Registered No. 178

**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 Alexander Arvigo (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 April 24, 1931  
Month Day Year

**FATHER**  
 8. Full name Ysidro Arvigo  
 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 24 (Years)  
 12. Birthplace (city or place) Mexico  
(State or country)  
 13. Occupation Laborer  
 Nature of Industry \_\_\_\_\_

**MOTHER**  
 14. Full maiden name Louisa Altamirano  
 15. Residence (Usual place of abode) Globe, Ariz.  
If non-resident, give place and state.  
 16. Color or race Mexican  
 17. Age at last birthday 23 (Years)  
 18. Birthplace (city or place) Steins, New Mexico  
(State or country)  
 19. Occupation Housewife  
 Nature of Industry \_\_\_\_\_

20. Number of children of this mother Three }  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living three  
 (b) Born alive but now dead none  
 (c) Stillborn none  
 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 11:30 pm. 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 G. Harper  
(Physician or midwife)

Address Globe, Arizona

Given name added from a supplemental report. \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filled 5/17, 1931 G.E. Waghorn Registrar

Registrar 116-424-316

N. B.—In case of more than one cause at a time, order of birth stated.