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

State File No.
Registered No. 98

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Globe No. 1045 North East St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Donald Louis Puente
(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: May 25 1931 (Month / Day / Year)

8. FATHER

Full name: Louis H. Puente

9. Residence (Usual place of abode): Globe

If non-resident, give place and state: Arizona

10. Color or race: Mex. American

11. Age at last birthday: 23 (Years)

12. Birthplace (city or place): Morenci

(State or country): Arizona

13. Occupation: Miner

Nature of industry:

14. MOTHER

Full maiden name: Helen G. Frick

15. Residence (Usual place of abode): Globe

If non-resident, give place and state: Arizona

16. Color or race: White

17. Age at last birthday: 20 (Years)

18. Birthplace (city or place): Tonopah

(State or country): Nevada

19. Occupation: Housewife

Nature of industry:

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: 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 Born alive (Born alive or stillborn.) at 6:05 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: Herman C. Bodemer
Physician (Physician or midwife).

Address: Globe, Arizona

Given name added from a supplemental report
Month, day, year

Registrar

Filed 4/9 1931 H. E. Wightman
Registrar

479-525-862