

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. 94
Registered No. 1288

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Globe or Village _____
City Globe No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
(If child is not yet named, make supplemental report, as directed)

2. Full name of child Alberto Sanchez
3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. - 6. Legitimate? yes 7. Date of birth July 3, 1931
Month Day Year

8. FATHER
Full name Pat Sanchez
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) Kelly, New Mexico
(State or country)
13. Occupation Laborer
Nature of Industry

14. MOTHER
Full maiden name Josephina Sanchez
15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) Globe, Arizona
(State or country)
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother one (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living one
(b) Born alive but now dead none
(c) Stillborn none
21. Were precautions taken against opthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:17 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.
Given name added from supplemental report. 129-703-129
Month, day, year
Signature T. C. Harper
physician (Physician or midwife.)
Address Globe, Arizona
Filed 7/7 1931 U. E. Wightman
Registrar