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

State File No. 151
Registered No. 141

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: Louis Chas. Navarro { 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: 8-26-193 (Month Day Year)

8. FATHER

Full name: Carl Navarro

9. Residence (Usual place of abode): Globe
If non-resident, give place and state: Ariz.

10. Color or race: Mex | 11. Age at last birthday: 21 (Years)

12. Birthplace (city or place): Globe
(State or country): Ariz

13. Occupation: Laborer
Nature of industry:

14. MOTHER

Full maiden name: Martha Ruiz

15. Residence (Usual place of abode): Globe
If non-resident, give place and state: Ariz

16. Color or race: Mex. | 17. Age at last birthday: 20 (Years)

18. Birthplace (city or place): Globe
(State or country): Ariz

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 at 12:07 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: T. S. Harper
Physician (Physician or midwife).

Address: Globe, Arizona

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

356-826-499 Registrar

Filed 9/16 1921 G. E. Wightman Registrar

WRITE 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.