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

State File No. \_\_\_\_\_  
Registered No. 164

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 Felicitas Sepulveda (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 8-28-1931  
Month Day Year

8. FATHER  
Full name Miguel Sepulveda  
D. Residence (Usual place of abode) Globe, Ariz.  
If non-resident, give place and state. \_\_\_\_\_  
10. Color or race Mex.  
11. Age at last birthday 32 (Years)  
12. Birthplace (city or place) Mexico  
(State or country) \_\_\_\_\_  
13. Occupation Labarer  
Nature of Industry \_\_\_\_\_

14. MOTHER  
Full maiden name Maria Valencia  
15. Residence (Usual place of abode) Globe, Ariz.  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race Mex.  
17. Age at last birthday 25 (Years)  
18. Birthplace (city or place) Mexico  
(State or country) \_\_\_\_\_  
19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother 5  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(b) Born alive but now dead 2  
(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 born alive At 3:45 A.M. on the date above stated.  
(Born alive or stillborn.)

Signature T. C. Harper  
Physician  
(Physician or midwife).

Given name added from a supplemental report. Address Globe, Ariz.  
Month, day, year Filed 9/18, 1931 H. E. Wightman  
Registrar Registrar

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.