

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

State File No. 114  
 Registered No. 1931

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. Hill & Bailey St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Paul junior Bejar { 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**

yes 6. Legitimate?

**7. Date of birth**

Oct. 20, 1931  
 Month Day Year

**FATHER**  
 Full name Paul Bejar  
 Residence (Usual place of abode) Globe Arizona  
 If non-resident, give place and state. Arizona

**MOTHER**  
 Full maiden name Inez Carrasco  
 Residence (Usual place of abode) Globe Arizona  
 If non-resident, give place and state. Arizona

**10. Color or race**  
Mexican

**11. Age at last birthday** 32 (Years)

**16. Color or race**  
Mexican

**17. Age at last birthday** 26 (Years)

**12. Birthplace (city or place)** El Paso Texas.  
(State or country)

**13. Occupation** Laborer.  
 Nature of Industry (Lumber yard)

**18. Birthplace (city or place)** Silver City New Mexico  
(State or country)

**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 \_\_\_\_\_

**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 7:00 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 Herman C. Bodemer  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year 729-1020-936  
 Registrar

Address Globe Arizona  
 Files 11/7 1931 L. E. Wright  
 Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—USE 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.