

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

State File No. 545  
 Registered No. 215

**1. PLACE OF BIRTH**

County Gila State Arizona

District or Township Globe or Village \_\_\_\_\_  
 City Globe No. Apache Highway St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give the NAME instead of street and number)

2. Full name of child Rose Marie Robles  
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 Nov. 1, 1931  
 Month Day Year

**8. FATHER**  
 Full name Charlie Robles

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 26 (Years)

12. Birthplace (city or place) Douglas Arizona  
 (State or country)

13. Occupation Miner  
 Nature of industry

**14. MOTHER**  
 Full maiden name Rose Franco

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 23 (Years)

18. Birthplace (city or place) Globe Arizona  
 (State or country)

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 3  
 (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 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 11:25 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 \_\_\_\_\_ Address Globe Arizona

Filed 1/5 1932 L. E. Wightman  
 Registrar Registrar

992-1101-966

order of birth stated.