

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

118

1. County of Gila  
 District of Globe  
 Town of Globe  
 or Globe  
 City of Globe

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. \_\_\_\_\_  
 County Registrar No. 8  
 Local Registrar No. \_\_\_\_\_

No. Spetney Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 If child is not yet named, make supplemental report, as directed.

2. Full name of child Louisa Rodriguez  
 3. Sex of Child Female  
 To be answered ONLY in event of plural births.  
 4. Twin, triplet or other. \_\_\_\_\_  
 5. Legitimate? yes  
 6. No. in order of birth. 1  
 7. Date of birth Jan 27, 1932  
 Month Jan day 27 year 1932

8. FATHER  
 Full name Pedro Rodriguez  
 9. Residence (Usual place of abode) Globe Arizona  
 If nonresident, give place and state \_\_\_\_\_

14. MOTHER  
 Full maiden name Annie Mireles  
 15. Residence (Usual place of abode) Globe Arizona  
 If nonresident, give place and state \_\_\_\_\_

10. Color or race Mexican  
 11. Age at last birthday 21 (Years)  
 12. Birthplace (city or place) Mexico  
 (State or country) \_\_\_\_\_

16. Color or race Mexican  
 17. Age at last birthday 17 (Years)  
 18. Birthplace (city or place) Morenci Arizona  
 (State or country) \_\_\_\_\_

13. Occupation  
 Nature of Industry Janitor  
 20. Number of children of this mother:  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 0  
 (b) Born alive but now dead 0  
 (c) Stillborn 0

19. Occupation  
 Nature of Industry Housewife  
 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 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 evidences of life after birth.  
 Given name added from a supplemental report \_\_\_\_\_  
 Signature S. E. Wightman (Physician or midwife)  
 Address Globe Arizona  
 Filed 2/4 1932 S. E. Wightman Local Registrar.

Month, day, year. 399-127-142  
 Registrar. \_\_\_\_\_  
 Filed \_\_\_\_\_ 19 \_\_\_\_\_  
 County Registrar.

N. B.—In case of more than one child, file separate certificates.