

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. **109**
Registered No. **52**

1. PLACE OF BIRTH

County Gila Arizona State Arizona
District or Township Globe Village Gila General Hosp. St. Ward
City Globe No. 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

Lillie Olguin

3. Sex of Child Female

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate? Yes

7. Date of birth Apr 20 - 1932
Month Day Year

5. No., in order of birth

8. Full name

FATHER
Louis Olguin

14. Full maiden name

MOTHER

Margaret Lopez

9. Residence

(Usual place of abode)

Federal Penitentiary

15. Residence

(Usual place of abode)

Globe, Arizona

If non-resident, give place and state.

If non-resident, give place and state.

10. Color or race

Mex

11. Age at last birthday 27 (Years)

16. Color or race

Mex

17. Age at last birthday 20 (Years)

12. Birthplace (city or place)

(State or country)

Arizona

18. Birthplace (city or place)

(State or country)

California

13. Occupation

Nature of Industry

Leather

19. Occupation

Nature of Industry

H. W.

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

3

(a) Born alive and now living 0

(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 Globe, Arizona 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

Charles E. Smith
M.D.

(Physician or midwife.)

Given name added from a supplemental report

Address: Month, day, year

Address

Filed 575, 1932

H. E. Wightman
Registrar

Registrar

365-420-439

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.