MARGIN RESERVED FOR BINDING

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 110

Registered No. 109

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Globe No.: Gila County Hospital Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Raymond Rivera (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:

5. No., in order of birth:

6. Legitimate? Yes.

7. Date of birth: Sept. 22 1932 (Month Day Year)

8. FATHER

Full name: Frank D Rivera

9. Residence (Usual place of abode): Globe

If non-resident, give place and state:

10. Color or race: White

11. Age at last birthday: 50 (Years)

12. Birthplace (city or place): Georgetown

(State or country): New Mexico

13. Occupation: Miner

Nature of industry:

14. MOTHER

Full maiden name: Marina Parra

15. Residence (Usual place of abode): Globe

If non-resident, give place and state:

16. Color or race: White

17. Age at last birthday: 29 (Years)

18. Birthplace (city or place): Pinos Altos

(State or country): New Mexico

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 alive (Born alive or stillborn.) at [illegible] m. on the date above stated.

* 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: C. Gunter (Physician or Midwife).

Given name added from a supplemental report: Month, day, year

Address: Globe

991-922-471 Registrar

Filed 10/4 1932 [illegible] Registrar