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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. 152

1. PLACE OF BIRTH

County: Gila State: Ariz.

District or Township: ..... or Village: .....

City: Globe No. ..... St. ..... Ward

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

2. Full name of child: Pasquale Sanchez (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: 11-5-1932 (Month Day Year)

8. FATHER

Full name: Urbana Sanchez

9. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz.

10. Color or race: Mex.

11. Age at last birthday: 35 (Years)

12. Birthplace (city or place) (State or country): Mexico

13. Occupation: Laborer

Nature of Industry: .....

14. MOTHER

Full maiden name: Euphemia Navarro

15. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz.

16. Color or race: Mex

17. Age at last birthday: 29 (Years)

18. Birthplace (city or place) (State or country): 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: 2

(b) Born alive but now dead: 1

(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 (Born alive or stillborn.) at 1:30 A. m. on the date above stated.

Signature: T. C. Harper physician (Physician or midwife).

Address: Globe, Ariz.

* 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.

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

Filed 12/7, 1932 S. E. Wightman M.D. Registrar

Registrar

729-1105-4-6

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.

MARGIN RESERVED FOR BINDING