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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 2

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. Gila County St. Hospital Ward

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

2. Full name of child Alfred Teague

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 Jan 25 1933 (Month Day Year)

8. FATHER

Full name Frank Teague

9. Residence (Usual place of abode)

If non-resident, give place and state. Globe.

10. Color or race White

11. Age at last birthday 46 (Years)

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

13. Occupation Nature of industry None.

14. MOTHER

Full maiden name Concha Bindida

15. Residence (Usual place of abode)

If non-resident, give place and state. Globe.

16. Color or race White

17. Age at last birthday 36 (Years)

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

19. Occupation Nature of industry Housewife

20. Number of children of this mother 10

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

(a) Born alive and now living 6

(b) Born alive but now dead 4

(c) Stillborn 3

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 1:80 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 R. D. Kennedy (Physician or Midwife)

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

Address Globe

Filed 2/7 1933 F. E. Wightman M.D. Registrar

_____ Registrar

135 - 125 - 321

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.