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. 78

Registered No. 38

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 John Tellez (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 4-20-33 (Month Day Year)

FATHER	MOTHER
8. Full name Tony Tellez	14. Full maiden name Rosa Cinfuegos
9. Residence (Usual place of abode) globe ariz. If non-resident, give place and state.	15. Residence (Usual place of abode) Globe ariz. If non-resident, give place and state.
10. Color or race mex. 11. Age at last birthday 45 (Years)	16. Color or race mex 17. Age at last birthday 40 (Years)
12. Birthplace (city or place) Richmond n. Mex (State or country)	18. Birthplace (city or place) Solomonville ariz. (State or country)
13. Occupation Nature of industry Laborer	19. Occupation Nature of industry Housewife

20. Number of children of this mother 8 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (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 at 2 P. m. 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 I. C. Harper

Physician (Physician or midwife).

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

Address

Registrar

Filed 5/6 1933 L. E. Wyhlmann Registrar

139-420-932