81

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 39

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: 0 or Village: _____

City: Globe No. _____ Ward _____

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

2. Full name of child: Hortensia Sanchez (If child is not yet named, make supplemental report as directed.)

3. Sex of Child: Female

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: April 23 1933 (Month Day Year)

FATHER

8. Full name: Pat Sanchez

9. Residence (Usual place of abode): Globe

If non-resident, give place and state _____

10. Color or race: White

11. Age at last birthday: 25 (Years)

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

13. Occupation: None.

Nature of Industry _____

MOTHER

14. Full maiden name: Josephine Sanchez

15. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz

16. Color or race: White

17. Age at last birthday: 19 (Years)

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

19. Occupation: Housewife.

Nature of Industry _____

20. Number of children of this mother: 2 (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: 0

(c) Stillborn: 0

21. Were precautions taken against ophthalmia neonatorum? No

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 _____ 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: H. D. Kennedy M.D.

(Physician or Midwife)

Address: Globe Ariz

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

Registrar _____

Filed 5/8 1933 H. P. Wyllhuis Registrar

929 - 4123 - 729

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N, B, min. space o... no than one child at a birth, a SEPARATE RETURN must be made for each, and ch... order of birth stated.

...ether of each in