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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 43

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Globe or Village _____

City Globe No. Buena Vista St. _____ Ward

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

2. Full name of child Miguel Cruz 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 May 3, 1933. (Month Day Year)

8. FATHER

Full name Jose Sanchez

9. Residence (Usual place of abode)

If non-resident, give place and state Globe Ariz

10. Color or race Mexican

11. Age at last birthday 45 (Years)

12. Birthplace (city or place) _____

(State or country) Mexico

13. Occupation

Nature of industry Unemployed

14. MOTHER

Full maiden name Rafael Grihalba

15. Residence (Usual place of abode)

If non-resident, give place and state Globe Ariz

16. Color or race Mexican

17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Phoenix

(State or country) Arizona

19. Occupation

Nature of industry House wife

20. Number of children of this mother 11

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

(a) Born alive and now living 10

(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 alive (Born alive or stillborn.) at 4 P.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 L. E. Wyhlmuhme Mal

(Physician or midwife).

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

Address Globe Ariz

Registrar

Filed 6/4 1933 L. E. Wyhlmuhme Registrar

429-503-971

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.