92

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 56

1. PLACE OF BIRTH

County Gila State Ariz

District or Township _____ or Village _____

City Globe No. 224 Hashing ave St. _____ Ward

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

2. Full name of child Mary Jane Ordaz (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 6 24 33 (Month Day Year)

8. FATHER

Full name Mike Ordaz

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 25 (Years)

12. Birthplace (city or place) Morenci Ariz (State or country)

13. Occupation Painter

Nature of industry

14. MOTHER

Full maiden name Clotilde Guzo

15. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz

16. Color or race Mexican | 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Hillsborough (State or country) New Mexico

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? 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 7 a 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 G. E. Wightman Mike (Physician or midwife)

Address Globe Ariz

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

466-624-376 Registrar

Filed 8/5 1933 G. E. Wightman Mike Registrar

REPORT RETURN must be made for each, and the number of each in order of birth stated.