ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 116

Registered No. 62

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: Nazario Perez

(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: 1

6. Legitimate? Yes.

7. Date of birth: July 28 1933 (Month Day Yr.)

8. FATHER

Full name: Teodolo Perez

9. Residence (Usual place of abode)

If non-resident, give place and state: Globe

10. Color or race: Mexican White

11. Age at last birthday: 33 (Years)

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

13. Occupation: Miner

Nature of industry:

14. MOTHER

Full maiden name: Marguerita Flores

15. Residence (Usual place of abode)

If non-resident, give place and state: Globe Fort Apache Ariz

16. Color or race: White

17. Age at last birthday: 28 (Years)

18. Birthplace (city or place) (State or country): Fort Apache Ariz

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: 5 (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: 3

(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 10 30 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: C. Porter M.D.

(Physician or Midwife)

Address:

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

Registrar

Filed 8/3 1933 L. E. Wightman Registrar

579-728-469

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.