MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

*N.B.—In case of more than one child at a birth, a [illegible] birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 94

Registered No. 70

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Globe or Village

City Globe No. Pinal Creek, S. Globe St. Ward

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

2. Full name of child Augrora Navarro (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 Aug. 24. 1933 (Month Day Year)

8. FATHER

Full name Angel Navarro

9. Residence (Usual place of abode)

If non-resident, give place and state. Globe, Ariz

10. Color or race Mex.

11. Age at last birthday 26 (Years)

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

13. Occupation

Nature of industry Unemployed.

14. MOTHER

Full maiden name Josephina Parada

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 21 (Years)

18. Birthplace (city or place) Sonora (State or country) Mexico

19. Occupation

Nature of industry House wife

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living Three

(b) Born alive but now dead

(c) Stillborn 8

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 4:30 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 L. E. Wightman M.D. (Physician or midwife)

Address Globe Ariz

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

Registrar

Filed 9/4, 1933 L. E. Wightman M.D. Registrar

156 - 824 - 171