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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 84

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 Dora Robles (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 [illegible] | 5. No., in order of birth 1 | 6. Legitimate? Yes | 7. Date of birth 10-5-1933 (Month Day Year)

FATHER

8. Full name Rosendo Robles

9. Residence (Usual place of abode) Globe

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

10. Color or race Mexican | 11. Age at last birthday 23 (Years)

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

13. Occupation Mechanic

Nature of industry

MOTHER

14. Full maiden name Nellie Carrizosa

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) Globe (State or country) Ariz.

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(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 born alive (Born alive or stillborn.) at 5:50 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 T. C. Harper

Physician (Physician or midwife).

Address Globe, Arizona

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

Filed NOV 10 1933 Rosa Bryce Registrar

492-1005-531 Registrar

order of birth stated.