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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 88

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

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 Pete Moya (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 10-19-1933 (Month Day Year)

8. FATHER

Full name Angel Moya

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 46 (Years)

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

13. Occupation Nature of Industry Wood Chopper

14. MOTHER

Full maiden name Teresa Gastelo

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 36 (Years)

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

19. Occupation Nature of Industry Housewife

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 7

(b) Born alive but now dead 2

(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 8:10 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 T. C. Harper

Physician (Physician or midwife)

Address Globe, Ariz.

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

741-1019-372 Registrar

Filed NOV 11 1933 Arsen B. Snyder Registrar

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.