94

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 127

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. 419 Euclid St. Ward

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

2. Full name of child Francisco Vale (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 Dec 3 1933 (Month Day Year)

8. FATHER

Full name Pete Vale

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. New Mexico

10. Color or race Mexican | 11. Age at last birthday 27 (Years)

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

13. Occupation Nature of industry Laborer.

14. MOTHER

Full maiden name Julia Perez

15. Residence (Usual place of abode) Globe

If non-resident, give place and state.

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

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

19. Occupation Nature of industry Housewife

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(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 at 11 a.m. on the date above stated. (Born alive or stillborn.)

* 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 R. D. Kennedy (Physician or Midwife).

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

Address _____

Registrar _____

File JAN 17 1934 19__ Arjen B. Inger Registrar

655-1203-179

No. 2.—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.