

1204

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of such, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the local registrar within 5 days after birth.

RECEIVED

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH
County of Gila
District of _____
Town of _____
or
City of Globe (No. _____) St.; _____ Ward)

4320
CERTIFICATE OF BIRTH. 420 No. 20
Register No. 13

FULL NAME OF CHILD Rita Sanchez Born Yes
Alive No

If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child	Female	Twin, Triplet or other	-	and	Number in order of birth	Legitimate?	Yes	Date of Birth	June 26 1909
								(Month) (Day) (Year)	
FATHER					MOTHER				
Full Name	<u>Nato Sanchez</u>				Full Maiden Name	<u>Sola Sanchez</u>			
Residence	<u>Superior St.</u>				Residence	<u>Same</u>			
Color or Race	<u>Mex</u>	Age at last Birthday	<u>42</u>	(Years)	Color or Race	<u>Mex.</u>	Age at last Birthday	<u>33</u>	(Years)
Birthplace	<u>Chihuahua, Mex.</u>				Birthplace	<u>San Jose, Son, Mexico</u>			
Occupation	<u>Teamster</u>				Occupation	<u>Housewife</u>			

Number of child of this mother 4 Number of children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 26, 1909, at 9 P.M.

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) Chas. W. Sturgeon
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19 _____ Filed June 29, 1909 Address Globe, A.T.
B. G. J. W. C.
LOCAL REGISTRAR.

County REGISTRAR. Filed July 1, 1909 B. G. J. W. C.
COUNTY REGISTRAR.