

1682

Write Fully, 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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. Ter. Index No. 82-86

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

Register No. 142

FULL NAME OF CHILD José Garcia Born Alive

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

Sex of Child <u>Male</u>	Twin, triplet or other _____	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 5</u> 19 <u>10</u>
Full Name FATHER <u>José Garcia</u>		Full Maiden Name MOTHER <u>Josephina Cepeda</u>		
Residence <u>Globe Ariz.</u>		Residence <u>Globe Ariz.</u>		
Color or Race <u>Mexican</u>	Age at last Birthday <u>42</u> (Years)	Color or Race <u>Mexican</u>	Age at last Birthday <u>40</u> (Years)	
Birthplace <u>Sonora Mexico</u>		Birthplace <u>Sonora Mexico</u>		
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>		

Number of children, of this mother, now living 8 Were precautions taken against Ophthalmia neonatorum? Yes

RECEIVED AT PHOENIX
AUG 19 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 5, 1910, at 6 P. M.

*When there is no attending physician or midwife, then the householder must make this return.

(Signature) J. Males (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed July 7 1910 Address Globe Ariz.

A TRUE COPY. LOCAL REGISTRAR. B. S. Boy
COUNTY REGISTRAR. B. S. Boy
COUNTY REGISTRAR. B. S. Boy

171-705-191