2160

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. 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. Ter. Index No. 84

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 98

Local Registrar's No. ____

PLACE OF BIRTH

County of Gila

District of ____

Town of ____ or City of Globe

(No. ____ St; ____ Ward)

FULL NAME OF CHILD Juan Aro

Born Alive { YES / ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number; in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
M			1	yes	Mar 8 1910

FATHER		MOTHER	
Full Name	Juan Aro	Full Maiden Name	Ramona Aro
Residence	N Globe	Residence	N Globe
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	30 (Years)	Age at last Birthday	22 (Years)
Birthplace	Mexico	Birthplace	Mexico
Occupation	Laborer	Occupation	Housewife

Number of child of this mother 1. | Number of children, of this mother, now living 1 | 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, Mar 7 1911, at 11 P.M.

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

(Signature) R. Dennedy (Attending physician, midwife, householder.)

Given or christian name added from a supplemental report ____ 191__

Address ____

Filed Mar 10 1911 — B. G. Sias, LOCAL REGISTRAR.

Filed Apr 5 1911 — B. G. Sias M.D., COUNTY REGISTRAR.

[illegible], COUNTY REGISTRAR.