

WHILE IN LI, 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.

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

Co. Register No. 17
 Local Registrar's No. 16

FULL NAME OF CHILD Juanita Lopez {Born} YES
 {Alive} NO

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

Sex of Child <u>F</u>	Twin, Triplet or other plural	and { Number; in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>Feb 6 1912</u> (Month) (Day) (Yr.)
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FATHER		MOTHER	
Full Name <u>Jose Lopez</u>	Residence <u>Bone St</u>	Full Maiden Name <u>Jose Rodriguez</u>	Residence <u>Bone St</u>
Color or Race <u>Mex</u>	Age at last Birthday <u>30</u> (Years)	Color or Race <u>Mex</u>	Age at last Birthday <u>26</u> (Years)
Birthplace <u>Mex</u>	Occupation <u>Laborer</u>	Birthplace <u>Mex</u>	Occupation <u>Housewife</u>

Number of child of this mother 2 Number of children, of this mother, now living 2 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 Feb 6 1912, at 10⁰⁰ M

(Signature) R. Stearns
 (*Attending physician, midwife, householder.*)
 Address Globe Ariz

*When there is no attending physician or midwife, then the householder should make this return.
 Given or christian name added from a supplemental report _____ 1912

Filed July 7 1912 LOCAL REGISTRAR. B. G. ...
 Filed Mar 5 1912 COUNTY REGISTRAR. B. G. ...