555

order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Reg. within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of Globe

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

Ter. Index No. 98

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No.

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Merced Guereña

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

Born / Alive YES ~~NO~~

Sex of Child F | Twin, Triplet or other plural X | and | Number; in order of birth X | Legitimate yes | Date of Birth July (Month) 22 (Day) 1912 (Yr.)

FATHER		MOTHER	
Full Name	Miguel Guereña	Full Maiden Name	Sara Johnson
Residence	Globe	Residence	Globe
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday (Years)	25	Age at last Birthday (Years)	25
Birthplace	Globe	Birthplace	Mesilla, N.M.
Occupation	Labourer	Occupation	[illegible]

Number of child of this mother 13 | Number of children, of this mother, now living 5 | Were Precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

5 30

I hereby certify that I attended the birth of above child; and that it occurred on July 22 1912, at A.M

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

(Signature) [signature]

(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report ..... 191.....

Address Globe, Ariz.

Filed 7/24 191.....

B. G. [signature]

LOCAL REGISTRAR.

471-722-215

COUNTY REGISTRAR.

Filed 8/5 191.....

B. G. [signature]

COUNTY REGISTRAR.