4930

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No. 112

Co. Register No. 211

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Globe

Town of

or

City of Globe

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Delphina Rivera

Born / Alive — YES ~~NO~~

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

Sex of Child F | Twin, Triplet or other + | and | Number in order of birth 1 | Legitimate? yes | Date of Birth Oct 18 1912 (Month) (Day) (yr.)

FATHER		MOTHER	
Full Name	Delphino Rivera	Full Maiden Name	Rosa Altamontes
Residence	Globe	Residence	Globe
Color or Race	Mexican	Color or Race	American (Creole) ~~Mexican~~
Age at last Birthday	38 (Years)	Age at last Birthday	22 (Years)
Birthplace	San Francisco Mexico - Jalisco	Birthplace	Globe
Occupation	Sweltermann	Occupation	Housewife

Number of child of this mother ~~5~~ 4 | Number of children, of this mother, now living ~~5~~ 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, Oct 18 1912, at 6 A.M.

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

(Signature) Paul Gallagher

(Attending physician, ~~midwife, householder.~~)

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

Address .....

Filed Oct 22 1912 — B. G. Fox, LOCAL REGISTRAR.

491-1018-912 COUNTY REGISTRAR.

Filed Nov 5 1912 — A True Copy — B. G. Fox, COUNTY REGISTRAR.

number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.