

162

PLACE OF BIRTH

County of Yuma  
District of Globe  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH  
State Index No. 111  
Co. Register No. 9  
Local Registrar's No. \_\_\_\_\_  
(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD \_\_\_\_\_ } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar } Alive }

Sex Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of Birth <u>Jan 3</u> 191 <u>4</u> Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Antonio R. Balemz</u>			Full Maiden Name <u>Clara Pribezo</u>		
Residence <u>Globe</u>			Residence <u>Globe</u>		
Color or Race <u>Mexican</u>	Age at last Birthday <u>24</u> (Years)	Color or Race <u>Mexican</u>		Age at last Birthday <u>26</u> (Years)	
Birthplace <u>Arizona</u>			Birthplace <u>Mexico</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		
Number of child of this mother... <u>4th</u>		Number of children, of this mother, now living... <u>3</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Jan. 3 1914 at 8:30 A.M.  
{ if there is no attending physi- }  
{ cian or midwife, then the householder }  
{ should make this return. }  
(Signature) Ben C. Schnell  
(Attending physician, midwife, householder.)\*  
Address Globe

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_  
Filed 1/4 1914 LOCAL REGISTRAR. B. G. Goff  
Filed 2/6 1914 A True Copy LOCAL REGISTRAR. B. G. Goff M.D.  
COUNTY REGISTRAR. COUNTY REGISTRAR.

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