660

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

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. 83

Co. Register No. 36

Local Registrar's No. .....

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

FULL NAME OF CHILD #1 — Born Alive: YES ~~NO~~

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

Sex of Child: Female | Twin, ~~Triplet or other~~ - and Number in order of birth: 1 | Legitimate? Yes | Date of Birth: Feb. (Month) 9 (Day) 1914 (Yr.)

FATHER		MOTHER	
Full Name	Luis M. Sainz	Full Maiden Name	Angelita Eliaz
Residence	Globe	Residence	Globe
Color or Race	Mexican	Color or Race	American
Age at last Birthday (Years)	44	Age at last Birthday (Years)	38
Birthplace	Mexico.	Birthplace	Arizona.
Occupation	Teamster	Occupation	House Wife

Number of child of this mother 12 | Number of children, of this mother, now living 9 | 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. 9 1914, at 12 30 A M.

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

(Signature) Ben K. Schnell
(Attending physician, midwife, householder.*)

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

Address Globe

Filed 2/13 1914 — B. G. Fox, LOCAL REGISTRAR.

029-209-159
COUNTY REGISTRAR.

Filed 3/5 1914 — A True Copy — B. G. Fox M.D., COUNTY REGISTRAR.