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**PLACE OF BIRTH**

County of Gila

District of Globe

Town of Gilson Sta

or

City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 88

Co. Register No. 59

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD

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

Born / Alive — YES / ~~NO~~

| Sex Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth |
|---|---|---|---|---|---|
| female | other | | 1 | yes | Febr. (Month) 16 (Day) 1914 (Yr.) |

| FATHER | MOTHER |
|---|---|
| Full Name: Fernando Esquibel | Full Maiden Name: Raefela Rosalez |
| Residence: Gilson, Ariz. | Residence: Gilson, Ariz |
| Color or Race: Mexican — Age at last Birthday: 21 (Years) | Color or Race: Mexican — Age at last Birthday: 17 (Years) |
| Birthplace: Mexico | Birthplace: Mexico |
| Occupation: Laborer | Occupation: Housewife |

Number of child of this mother: 1 | Number of children, of this mother, now living: 1 | 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. 16, 1914, at 2.45 PM.

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

(Signature) J L Wales

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

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

Address

Filed Mar 15 1914 — B G Fox — LOCAL REGISTRAR.

053-216-999 — COUNTY REGISTRAR.

Filed 4/6 1914 — A True Copy — B G Fox MD — COUNTY REGISTRAR.

N. B.—In case of [illegible] than one child [illegible] the 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.

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