

4726

Use 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
95
State Index No. ~~95~~
Co. Register No. 100
Local Registrar's No. _____
(No. _____ St; _____ Ward)

PLACE OF BIRTH
County of Yuma
District of Globe
Town of _____
or _____
City of Globe

FULL NAME OF CHILD _____
If child is not named, make Supplemental Report on blank obtainable from local registrar. Born YES
 Alive ~~YES~~

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? Yes Date of Birth April 6 1914
(Month) (Day) (Yr.)

FATHER
Full Name Julio Alvarez
Residence Globe
Color or Race Mexican Age at last Birthday 33
(Years)
Birthplace Mexico
Occupation Laborer

MOTHER
Full Maiden Name Elena Valencia
Residence Globe
Color or Race Mexican Age at last Birthday 28
(Years)
Birthplace Arizona
Occupation Housewife

Number of child of this mother 6 Number of children, of this mother, now living _____ 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 April 6 1914, at 11:20 A.M.
*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Bert C. Schnell
(Attending physician, midwife, householder.)

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

Address Globe

Filed Apr 11 1914

B. S. Jay
LOCAL REGISTRAR

019-406-551
COUNTY REGISTRAR.

Filed May 5 1914 A True Copy

B. S. Jay W. W.
COUNTY REGISTRAR.