4262

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 119

Co. Register No. 243

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 ____ Born Alive: YES

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Female				yes	Aug. 9, 1914

FATHER

Full Name: Al Arvizu

Residence

MOTHER

Full Maiden Name: Florence Hayward

Residence

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made by the person who made the original)

County Registrar's No.*

Place of Birth Globe (Registration District) County Gila No. 123 Ruiz Canyon St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
girl			5

DATE OF BIRTH* August (Month) 9 (Day) 1914 (Year)

FULL NAME — FATHER: Ebedzar (Al.) Arvizu

FULL* MAIDEN NAME — MOTHER: Florence Hayward

I HEREBY CERTIFY that the child described herein has been named

Lucinda Arvizu
(Give name in full) (Surname)

(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 A.P.

314 — 809 — 6084

COUNTY REGISTRAR. 314 — 809 — 6084 COUNTY REGISTRAR.