4275

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.

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. 127 ~~50~~

Co. Register No. 2

Local Registrar's No.

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

FULL NAME OF CHILD Francisco Barcon

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

Born / Alive: YES / ~~NO~~

Sex of Child	Twin, ~~Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Aug (Month) 15 (Day) 1914 (Yr)

FATHER		MOTHER	
Full Name	Bauena Barcon	Full Maiden Name	Francisca Duran
Residence	Globe Ariz	Residence	Globe Ariz
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	22 (Years)	Age at last Birthday	20 (Years)
Birthplace	Arizona	Birthplace	Arizona
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 8/15/1914, at 5 A.M.

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

(Signature) T.H. Slaughter.
(Attending physician, ~~midwife, householder.~~*)

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

Address Miami Ariz.

Filed Aug 20 1914 — B. G. Fox, LOCAL REGISTRAR.

625-815-645
COUNTY REGISTRAR.

Filed Sept 1 1914 — A True Copy B. G. Fox M.D. COUNTY REGISTRAR.