2393

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 110

Co. Register No. 369

Local Registrar's No. .....

**PLACE OF BIRTH**

County of Gila

District of Globe

Town of or City of Globe

(No. 66 Ranch St; ..... Ward)

FULL NAME OF CHILD Marsio Maya

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.) |
|---|---|---|---|---|---|
| M | | | | X | 10/29 1914 |

**FATHER**

Full Name Angel Mayo

Residence Globe

Color or Race Mixed

Age at last Birthday ..... (Years)

Birthplace Mexico

Occupation Wood Chopper.

**MOTHER**

Full Maiden Name Tarrasa Gastelo

Residence Globe

Color or Race Mixed

Age at last Birthday ..... (Years)

Birthplace Mexico

Occupation Wash Woman

Number of child of this mother ..... Number of children, of this mother, now living ..... Were precautions taken against Ophthalmia neonatorum? .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 10/29 1914, at 3 A. M.

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

(Signature) L. E. Wyllie (Attending physician, ~~midwife, householder.~~)

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

Address .....

Filed Dec 19 1914 B. G. Fox LOCAL REGISTRAR.

A True Copy B. G. Fox COUNTY REGISTRAR.

541-1029-376 COUNTY REGISTRAR.

Filed Jan 15 1915

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.