

Midwife with each local Registrar within 5 days after birth. This certificate must be filed by the attending Physician or

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **131** State Index No. **469**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **110**
 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 Teresa Telles } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Female } and } Number in order of birth 1 } Legitimate? yes } Date of Birth May 2 1915
 Twin, Triplet or other _____ } _____ } _____ } _____ } (Month) (Day) (Yr.)

FATHER
 Full Name Anastacia Telles
 Residence Globe Ariz
 Color or Race Mexican Age at last Birthday 31 (Years)
 Birthplace Masilla, New Mexico
 Occupation Labores

MOTHER
 Full Maiden Name Regoria Carilla
 Residence Globe, Ariz.
 Color or Race Mexican Age at last Birthday 19 (Years)
 Birthplace Mexico Villaco, Mexico
 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 May 2 1915 at 3:15 P.M.

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

(Signature) Albin Foruse M.D.
 (Attending physician, midwife, householder.*)

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

Address Globe, Arizona

332-002-921
 COUNTY REGISTRAR.

Filed May 5 1915

R. G. Fox
 LOCAL REGISTRAR.

Filed June 5 1915 A True Copy

R. G. Fox
 COUNTY REGISTRAR.