175

**PLACE OF BIRTH**

County of Gila

District of Globe

Town of
or
City of Globe

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 127 State Index No. 900

**ORIGINAL CERTIFICATE OF BIRTH**

Co. Register No. 247

Local Registrar's No.

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

FULL NAME OF CHILD ..... Born / Alive YES ~~NO~~

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 |
|---|---|---|---|---|---|
| male | | | | yes | 9 (Month) 15 (Day) 1915 (Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Frank Bubo | Full Maiden Name | Carolina Jurena |
| Residence | East Globe | Residence | E. Globe |
| Color or Race | Mex | Color or Race | Mex |
| Age at last Birthday | 30 (Years) | Age at last Birthday | 26 (Years) |
| Birthplace | Arizona | Birthplace | Arizona |
| Occupation | Labour | Occupation | H.W. |

Number of child of this mother 9 | Number of children, of this mother, now living 4 | 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 9/15 1915, at 7 a M.

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

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

Address .....

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

Filed Sept 17 1915 B. G. Fox
LOCAL REGISTRAR.

026-915-311
COUNTY REGISTRAR.

Filed Oct 5 1915 ~~A True Copy~~ B. G. Fox
COUNTY REGISTRAR.