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N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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 Globe
or
City of Globe

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 143 State Index No. 525
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 323
Local Registrar's No. _____
(No. _____ St; _____ Ward)

FULL NAME OF CHILD JESUS LAOS } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child	Male	Twin, Triplet or other	Other	and	Number in order of birth	1	Legitimate?	Yes	Date of Birth	Nov. 30	1915
									(Month)	(Day)	(Yr.)
FATHER						MOTHER					
Full Name <u>Alfo Laos</u>						Full Maiden Name <u>Louisa Flores</u>					
Residence <u>Globe, Ariz.</u>						Residence <u>Globe, Ariz.</u>					
Color or Race <u>Mexican</u>						Color or Race <u>Mexican</u>					
Age at last Birthday <u>24</u> (Years)						Age at last Birthday <u>19</u> (Years)					
Birthplace <u>Mexico</u>						Birthplace <u>Mexico</u>					
Occupation <u>Moulder</u>						Occupation <u>Housewife</u>					
Number of child of this mother... <u>1</u>				Number of children, of this mother, now living... <u>1</u>				Were precautions taken against Ophthalmia neonatorum?... <u>YES</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Nov. 30 1915, at 11 A.M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) [Signature]
(Attending physician, midwife, householder. *)

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

Filed Nov 8 1915 [Signature] LOCAL REGISTRAR.
Filed Nov 10 1915 [Signature] COUNTY REGISTRAR.
A True Copy

COUNTY REGISTRAR.