

4982

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of _____
 or
 City of Globe (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 148 State Index No. **511**

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 121
 Local Registrar's No. _____

FULL NAME OF CHILD Estevan Marron { 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 _____ } and } Number in order of birth _____ Legitimate? ye Date of Birth May 17 1916
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Estevan Marron</u>	Full Maiden Name	<u>Rita Cuevas</u>
Residence	<u>Globe, Arizona</u>	Residence	<u>Globe, Arizona</u>
Color or Race	<u>Mexican</u>	Color or Race	<u>Mexican</u>
Age at last Birthday	<u>28</u> (Years)	Age at last Birthday	<u>22</u> (Years)
Birthplace	<u>Tempe, Arizona</u>	Birthplace	<u>Phoenix, Ariz.</u>
Occupation	<u>Laborer</u>	Occupation	<u>Housewife</u>

Number of child of this mother 2 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 the above child; and that it occurred on May 17, 1916, at 1:30 P.M.

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

(Signature) Alvin Firme M.D. (Attending physician, midwife, householder.)
 Address Globe, Arizona
 545-511-952
 Filed May 17 1916
 True copy
 d. Alvin Firme B.S. Jot

Given or Christian name added from a supplemental _____ 191____

LOCAL REGIS