

966

PLACE OF BIRTH

County of Globe
District of _____
Town of _____
or Globe
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 171 State Index No. 667

ORIGINAL CERTIFICATE OF BIRTH
Co. Register No. 181
Local Registrar's No. _____
St. _____ Ward _____

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

Sex of Child <u>Female</u>	Twin, Triplet or other <u>other</u>	and	Number in order of birth <u>1</u>	Legiti- mate? <u>Yes</u>	Date of Birth <u>April 30</u> 1917 (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Alfonso Vasquez</u>			Full Maiden Name <u>Amita Vallenters</u>		
Residence <u>Hackney ariz</u>			Residence <u>Hackney ariz</u>		
Color or Race <u>Mex</u>		Age at last Birthday <u>30</u> (Years)	Color or Race <u>Mex</u>		Age at last Birthday <u>28</u> (Years)
Birthplace <u>Mexico</u>			Birthplace <u>Phoenix ariz</u>		
Occupation <u>Laborer</u>			Occupation <u>Housewife</u>		

Number of child of this mother 6th Number of Children, of this mother, now living 5 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 4/30 1917, at 9 P.M.
(Signature) M. G. Horst, M.D.
(Attending physician, midwife, householder.)

Given or Christian name added from a supplemental report _____ 191...

Address Globe Ariz

059-430-152
COUNTY REGISTRAR.

Filed May 3 1917

Filed May 7 1917 A True Copy

B. J. Far
LOCAL REGISTRAR.
B. J. Far
COUNTY REGISTRAR.

RECEIVED
13 1951
STATE DEPT
OF HEALTH

... 3 days after birth.