

7611

PLACE OF BIRTH
 County of Gila Gila ARIZONA STATE BOARD OF HEALTH
 District of Copper Hill BUREAU OF VITAL STATISTICS 152 State Index No. 1019
 City of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 913
 Local Registrar's No. _____
 (No. _____ St; _____ Ward)

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

Sex of Child <u>Female</u>	Twin, Triplet or other <u>Other</u>	and	Number in order of birth <u>1st</u>	Legitimate <u>yes</u>	Date of Birth <u>May 17</u> 191 <u>7</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Antonio Perez</u>			Full Maiden Name <u>Junita Vanda</u>		
Residence <u>Dead 6 yrs ago</u>			Residence <u>Copper Hill</u>		
Color or Race <u>Mexican</u>	Age at last Birthday <u>50</u> (Years)		Color or Race <u>Mexican</u>	Age at last Birthday <u>35</u> (Years)	
Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>		
Occupation <u>Labour</u>			Occupation <u>Housework</u>		

Number of child of this mother 6th Number of Children, of this mother, now living 6 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 1917, at 8 AM.

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

(Signature) Dr. W. Horst
 (Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 1917

Address Globe

019-517-151
 COUNTY REGISTRAR.

Filed Aug 4 1917 B. G. Jay LOCAL REGISTRAR.
 Filed Aug 6 1917 B. G. Jay COUNTY REGISTRAR.
 A True Copy