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634

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Yuma  
District of Globe  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Globe (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

State Index No. \_\_\_\_\_  
Co. Register No. 82  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Maria Guernia } 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	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Feb 6</u> 191 <u>8</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Joseph Guernia</u>			Full Maiden Name <u>Maria Ruiz</u>		
Residence <u>Globe, Ariz.</u>			Residence <u>Globe, Ariz.</u>		
Color or Race <u>White</u>	Age at last Birthday <u>49</u> (Years)		Color or Race <u>Mexican</u>	Age at last Birthday <u>40</u> (Years)	
Birthplace <u>Silver City, New Mex</u>			Birthplace <u>Durango, Mexico</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		

Number of child of this mother... 15      Number of children, of this mother, now living... 8      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 Feb 6 1918, at 10 A. M.

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

(Signature) Alvin Kruse M.D.  
(Attending physician, midwife, householder.)\*

Given or christian name added from a Supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Globe, Ariz.

Filed Feb 10 1918      W. E. Jax  
LOCAL REGISTRAR.

Filed March 8 1918      W. E. Jax  
A True Copy      COUNTY REGISTRAR.

471-206-499  
COUNTY REGISTRAR