

2401

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 96
Co. Registrar's No. 328
Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD

If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born YES
} Alive } NO

Sex of Child Male } Twin, Triplet or other } and { Number in order of birth } Legiti- mate? Yes } Date of Birth 6 1 1919
Month Day Yr.

Full Name FATHER
Jose Ramirez,
Residence Globe.
Color or Race Mexican Age at last Birthday 35 Years
Birthplace Mexico
Occupation Laborer

Full Maiden Name MOTHER
Marie Martinez,
Residence Globe,
Color or Race Mexican Age at last Birthday 26 Years
Birthplace Mexico
Occupation Housewife

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 6/1, 1919, at 4 A.M.

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

Signature S. E. Wightman
Attending physician, midwife, householder.

Given or Christian name added from a
supplemental report. _____ 1919

Address Globe, Arizona.

099-601-449
COUNTY REGISTRAR.

Filed June 4 1919

Filed July 5 1919

A True Copy

B. G. Jay

LOCAL REGISTRAR.

B. G. Jay
COUNTY REGISTRAR.

FILED IN LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.