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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 102
Co. Registrar's No. 384
Local Registrar's No. _____

(No. _____ St; _____ Ward)

PLACE OF BIRTH
County of Gila,
District of Globe
Town of _____
or
City of Globe

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month / Day / Yr.)
Female				Yes	7 / 2 / 1919

FATHER		MOTHER	
Full Name	Magrio Contranas	Full Maiden Name	Marie Garcia,
Residence	Globe	Residence	Globe
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	36 Years	Age at last Birthday	19 Years
Birthplace	Mexico	Birthplace	Mexico
Occupation	Laborer	Occupation	Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 7/2 1919 at 4 AM.

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

Signature L. E. Wightman
Attending physician, midwife, householder.*

Address Globe, Arizona.

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

Filed July 4 1919 — B. G. Jay, LOCAL REGISTRAR.

032-702-471
COUNTY REGISTRAR.

Filed AUG 5 1919 True Copy — B. G. Jay, COUNTY REGISTRAR.

Must be made for each, and filed by the attending Physician or the nurse or midwife