

4565

N. D. ... the number of years in order of birth, stated. This certificate must be filed by the number of years in order of birth, stated. This certificate must be filed by the number of years in order of birth, stated. This certificate must be filed by the number of years in order of birth, stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 150
Co. Registrar's No. 499
Local Registrar's No. _____

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

ORIGINAL CERTIFICATE OF BIRTH

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 _____	and _____	Number in order of birth _____	Legitimate <input checked="" type="checkbox"/> Yes	Date of Birth <u>Sept 19</u> 191 <u>9</u>
Full Name <u>Frank Becker</u>	FATHER			Full Maiden Name <u>Ramonia Diaz</u>	MOTHER
Residence <u>East Globe</u>	Age at last Birthday <u>31</u> Years			Residence <u>East Globe</u>	Age at last Birthday <u>19</u> Years
Color or Race <u>Mezican</u>	Birthplace <u>Dallas Texas</u>			Color or Race <u>Mexican</u>	Birthplace <u>Globe Arizona</u>
Occupation <u>Machinest</u>	Occupation _____			Occupation <u>H.W.</u>	

Number of child of this Mother 4 Number of Children, of this mother, now living 3 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 9/19 1919 at 8p M.

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

Signature [Signature]
Attending physician, midwife, householder.*

Address [Address]

Given or Christian name added from a supplemental report _____ 1919

Filed SEP 22 1919 [Signature] LOCAL REGISTRAR.

Filed Oct 5 1919 [Signature] COUNTY REGISTRAR.

629-919-949 COUNTY REGISTRAR.