4583

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166

Co. Registrar's No. 504

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of _____ or City of Globe (No. _____ St. _____ Ward)

FULL NAME OF CHILD Ernesto Sandoval

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate	Date of Birth Month	Day	Yr.
Male				Y	Sept	26	1919

FATHER		MOTHER	
Full Name	Ramon Sandoval	Full Maiden Name	Maria Guerrero
Residence	Globe Arizona	Residence	Globe Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	23 Years	Age at last Birthday	24 Years
Birthplace	Sangra Mexico	Birthplace	Lordsburg New Mex
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 Sept 26 1919, at 9 P. M.

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

Signature Alvin Furnise M.D.
Attending physician, ~~midwife, householder.~~*

Address Globe, Arizona

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

Filed Oct 1 1919 — LOCAL REGISTRAR.

523-926-476 COUNTY REGISTRAR.

A True Copy

Filed Oct 5 1919 — COUNTY REGISTRAR.

N. B.—Please write in the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.