

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1440
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

Township _____ or Village _____

City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Rose Pumar { If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births _____

4. Twin, triplet, or other _____

5. Number, in order of birth... _____

6. Premature _____ Full term

7. Legitimate? Yes

8. Date of birth November 5, 1919
(Month, day, year)

9. Full name **FATHER**
Faustino Pumar

10. Residence (usual place of abode) Miami, Ariz.
(If non-resident, give place and State)

11. Color or race White

12. Age at last birthday 29 (Years)

13. Birthplace (city or place) Espasante, Spain
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

18. Full maiden name **MOTHER**
Katie Bocalero

19. Residence (usual place of abode) Miami, Ariz.
(If non-resident, give place and State)

20. Color or race White

21. Age at last birthday 19 (Years)

22. Birthplace (city or place) Silvano Dorba, Italy
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead -- (c) Stillborn --

28. If stillborn, period of gestation -- { months or weeks } 29. Cause of stillbirth -- { Before labor / During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 A. m. on the date above stated
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Rosa Bocalero Midwife

or _____

Address Globe, Arizona

Filed 6/2 1931 8.5.10

Given named added from a supplemental report 479-1105-226
(Date of) _____

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.