

PLACE OF BIRTH **ARIZONA STATE BOARD OF HEALTH**
 County of Gila BUREAU OF VITAL STATISTICS State Index No. 148
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 616
 Name of _____ Local Registrar's No. _____
 or of Globe (No. _____ St; _____ Ward)

Full NAME OF CHILD Raúl Delgadillo } Born } YES
 Child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex Male Twin, Triplet or other _____ } and } Number in order of birth _____ Legitimate? yes Date of Birth Nov 6 1919
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name <u>Mannel Delgadillo</u>	Full Maiden Name <u>Torrevia Esparza</u>	Residence <u>Globe, Arizona</u>	Residence <u>Globe, Arizona</u>
Age at last Birthday <u>25</u> (Years)	Age at last Birthday <u>18</u> (Years)	Color or Race <u>Mexican</u>	Color or Race <u>Mexican</u>
Birthplace <u>Mexico</u>	Birthplace <u>Mexico</u>	Occupation <u>Laborer</u>	Occupation <u>Housewife</u>

Number of children of this mother... 1 Number of children, of this mother, now living... 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I certify that I attended the birth of above child; and that it occurred on Nov 6 1919, at 1 P. M.
 If there is no attending physician or midwife, then the householder or other person in charge of the household should make this return.

(Signature) Alvin Ferrusca M.D.
 (Attending physician, midwife, householder, etc.)

or christian name added from a _____

Address Globe, Arizona

Registration report _____ 191_____

Filed 11/8 1919

B. S. J. H.
 LOCAL REGISTRAR.

146-1106-351
 COUNTY REGISTRAR.

Filed 12/5 1919

A True Copy B. S. J. H.
 COUNTY REGISTRAR.