

N. B.—in cases 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. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 County of Sulaz State Index No. 149
 District of _____ Co. Register No. 737
 Town of _____ Local Registrar's No. _____
 or _____ (No. _____ St; _____ Ward)
 City of Globe

FULL NAME OF CHILD Rafael Marcias } Born } YES
 } Alive } ~~NO~~

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

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Dec. 29</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Josia Marcias</u>			Full Maiden Name <u>Lupia Arnalis</u>		
Residence <u>Globe, Arizona</u>			Residence <u>Globe, Arizona</u>		
Color or Race <u>Mexican</u> Age at last Birthday <u>29</u> (Years)			Color or Race <u>Mexican</u> Age at last Birthday <u>19</u> (Years)		
Birthplace <u>Las Cruces, New Mex</u>			Birthplace <u>Mexico</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		
Number of child of this mother. <u>2</u>		Number of children, of this mother, now living. <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Dec. 29 1919, at 3:50 P. M.

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

(Signature) Alvin Hornsett
 (Attending physician, midwife, householder.)

Given or christian name added from a supplemental report _____ 191____

Address Globe Arizona
P. O. Box

Filed Dec 30 1919 LOCAL REGISTRAR.

Filed Jan 5 1920 A True Copy LOCAL REGISTRAR.

942-1229-462
 COUNTY REGISTRAR.