

the number of each, in ordinary births, stated. This certificate must be returned to the attending physician or midwife with each local Registrar within 5 days after birth.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Gila State Index No. 153  
District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 120  
Town of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
or \_\_\_\_\_  
City of Globe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Antonia Salis Born YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Female Twin, Triplet or other \_\_\_\_\_ and Number in order of birth \_\_\_\_\_ Legitimate? yes Date of Birth Feb. 16 1920  
Month Day Yr.

FATHER  
Full Name Rosalie Salis  
Residence Globe, Ariz.  
Color or Race Mexican Age at last Birthday 32 Years  
Birthplace Mexico  
Occupation Laborer

MOTHER  
Full Maiden Name Maria Mendez  
Residence Globe, Ariz.  
Color or Race Mexican Age at last Birthday 27 Years  
Birthplace Mexico  
Occupation Housewife

Number of child of this Mother 4 Number of Children, of this mother, now living 4 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 Feb. 16 1920, at 12:20 A.M.  
\*When there is no attending physician or midwife, then the householder should make this return.

Signature Alvin Hermal  
Attending physician, midwife, householder.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Address Globe Ariz.

122-216-449  
COUNTY REGISTRAR.

Filed Feb 20 1920

Filed Mar 6 1920 A True Copy

B. S. Jay  
LOCAL REGISTRAR.  
B. S. Jay  
COUNTY REGISTRAR.