ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158

Co. Registrar's No. 127

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 Rafugia Sanchez

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.)
Female				yes	Feb 18 1920

FATHER		MOTHER	
Full Name	Josia Sanchez	Full Maiden Name	Raphalia Grijalba
Residence	Globe Arizona	Residence	Globe, Arizona
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	32 Years	Age at last Birthday	24 Years
Birthplace	Mexico	Birthplace	Phoenix, Ariz.
Occupation	Laborer	Occupation	Housewife

Number of child of this Mother 5 | 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 18 1920, at 4 P. M.

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

Signature Alvin Kunze M. D.
Attending physician, midwife, householder.*

Address Globe, Ariz.

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

Filed Feb 22 1920 B. G. Fox
LOCAL REGISTRAR.

922-218-971
COUNTY REGISTRAR.

Filed Mar 5 1920 A True Copy B. G. Fox
COUNTY REGISTRAR.

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