2138

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.

PLACE OF BIRTH

County of Gila

District of Globe

Town of or City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175

Co. Registrar's No. 454

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Rafugio Rubalcuba

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

Born Alive YES ~~NO~~

Sex of Child Female | Twin, Triplet or other | and | Number in order of birth | Legitimate? yes | Date of Birth July 5 1920 (Month Day Yr.)

FATHER	MOTHER
Full Name Bensclado Rubalcuba	Full Maiden Name Francisco Jaminez
Residence Copper Hill, Ariz	Residence Copper Hill
Color or Race Mexican	Color or Race Mexican
Age at last Birthday 42 Years	Age at last Birthday 32 Years
Birthplace Halisco Mexico	Birthplace Halisco Mexico
Occupation Miner	Occupation Housewife

Number of child of this Mother V | Number of Children, of this mother, now living 5 | 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 July 5 1920 at 7 20 A. M.

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

Signature Alvin Kirmse M.D.

Attending physician, ~~midwife, householder~~.*

Address Globe, Arizona

Given or Christian name added from a supplemental report 191

Filed 7/10 1920 B. G. Fox LOCAL REGISTRAR.

991-705-619 COUNTY REGISTRAR.

Filed 8-5 1920 A True Copy B. G. Fox COUNTY REGISTRAR.