

240

Damaged Document(s)

one 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

State Index No. 125

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 125

Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD

Alex Diez. Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive NO

Sex of Child Male Twin, Triplet or other } and Number in order of birth. } Legitimate? Yes Date of Birth 2 27 1921
Month Day Yr.

Full Name FATHER
Francisco Diez,
Residence Globe,
Color or Race Mex. Age at last Birthday _____
Birthplace Mexico
Occupation Miner

Full Maiden Name MOTHER
Marcy Gonzolez,
Residence Globe,
Color or Race Mex. Age at last Birthday 36
Years
Birthplace Arizona.
Occupation Housewife

Number of child of this Mother 9 Number of Children _____ Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

12,30

I hereby certify that I attended the birth of the above child; and that it occurred on 2-27, 1921 at P.M.

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

Signature H. E. Wightman
Attending physician, midwife, householder.*
Address Globe, Arizona.

Given or Christian name added from a supplemental report _____ 191

149-227-479
COUNTY REGISTRAR.

Filed 3/1 1921
Filed 3/5 1921
A True Copy

A. J. Jax
LOCAL REGISTRAR.
B. J. Jax
COUNTY REGISTRAR.