

MARGIN RESERVED FOR BINDING  
Write Plainly with Unfading Ink.—This is a Permanent Record.

N. B.—In case of more than one child at 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.

PLACE OF BIRTH  
County of Gila  
District of Globe  
Town of Suspiration  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State Index No. 187A  
Co. Register No. 173  
Local Registrar's No. \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Jose Sanchez { Born  Yes  Alive }  
If child is not named, make Supplemental Report on blank obtainable from local Registrar.

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth 1 Legitimate? yes Date of Birth 2 28 1921  
(Month) (Day) (Yr.)

FATHER  
Full Name Jose Sanchez  
Residence Suspiration  
Color or Race Mex Age at last Birthday 26 (Years)  
Birthplace Mex  
Occupation miner

MOTHER  
Full Maiden Name Antonina Luna  
Residence Susp.  
Color or Race Mex Age at last Birthday 20 (Years)  
Birthplace Mex  
Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1 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 2-28 1921 at 11:55 PM

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

(Signature) [Signature]  
(Attending physician, midwife, householder.)\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 1921

Address Suspiration

FILED 129-228-131 COUNTY REG'STRAR.

Filed Mar 31 1921  
Filed Apr 6 1921

LOCAL REGISTRAR [Signature] COUNTY REGISTRAR.