4166

CERTIFICATE AMENDED Certificate amended as per Affidavit also from Armed Forces Record. 10-28-75 bso ✓
SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142
Co. Registrar's No. 164
Local Registrar's No. .....

PLACE OF BIRTH
County of Gila
District of Globe
Town of or City of Globe

(No. ..... St; ..... Ward)

FULL NAME OF CHILD ~~Thelesuro Avela~~ Telesforo Avila
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.)
Boy	other		10th	Yes	Mar. 14, 1921

FATHER		MOTHER	
Full Name	Telesuro ~~Avela~~ Avila	Full Maiden Name	Petra Martinez
Residence	Globe, Arizona	Residence	Globe, Arizona
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	51 Years	Age at last Birthday	34 Years
Birthplace	Mexico	Birthplace	Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 10th | Number of Children, of this mother, now living 6 | 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 Mar. 14, 1921 at 6 P.M.

*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 ..... 191..

Address [illegible]

Filed Mar 15 1921

[illegible]
LOCAL REGISTRAR.

A True Copy

Filed Apr 5 1921

[illegible]
COUNTY REGISTRAR.

COUNTY REGISTRAR.

311-314-749

or midwife with each local Registrar within 5 days after birth.