2112

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148

Co. Registrar's No. 239

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 Aleen Yvonne Roca

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.)
Girl	Other		1	Yes	Apr. 18, 1921

FATHER		MOTHER	
Full Name	Agricol Roca	Full Maiden Name	Ida May Thomas
Residence	Dead	Residence	Globe, Arizona
Color or Race	American	Color or Race	American
Age at last Birthday	39 Years	Age at last Birthday	26 Years
Birthplace	Tucson, Arizona	Birthplace	Globe, Arizona
Occupation	Accountant	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 April 18, 1921 at 5:20 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 .....

Filed Apr 22 1921 [signature]

LOCAL REGISTRAR.

191-418-932

COUNTY REGISTRAR.

A True Copy

Filed May 6 1921 [signature]

COUNTY REGISTRAR.

[illegible] 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.