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ARIZONA STATE BOARD OF HEALTH

County of Gila BUREAU OF VITAL STATISTICS State Index No. 133
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 547
 Town of _____ Local Registrar's No. _____
 or _____
 City of Globe (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Christoval Vegas { 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 Oct 12 1921
 (Month) (Day) (Yr.)

FATHER
 Full Name Josiah Vegas
 Residence Globe
 Color or Race Mexican Age at last Birthday 35 (Years)
 Birthplace Mexico
 Occupation Laborer

MOTHER
 Full Maiden Name Martha Alvarado
 Residence Globe, Arizona
 Color or Race Mexican Age at last Birthday 29 (Years)
 Birthplace Mexico
 Occupation Housewife

Number of Child of this mother 5 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 Oct 12 1921, at 8 P. M.

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

(Signature) Alvin Kirnuse M.D.
 (Attending physician, midwife, householder.*)

Given or Christian name added from a Supplemental report _____ 192 _____ Filed Oct 15 1921 Address Globe, Arizona
B. G. Fox
 LOCAL REGISTRAR.

352-1012-416 Filed Nov 5 1921 A True Copy B. G. Fox
 COUNTY REGISTRAR. COUNTY REGISTRAR.