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PLACE OF BIRTH  
 County of Gila ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS State Index No. 160  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 96  
 Town of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Globe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD \_\_\_\_\_  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Born }   
 { Alive } NO

Sex of Child F Twin-Triplet or other \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Date of Birth March 20 1922  
 (Month) (Day) (Yr.)

FATHER  
 Full Name Jesus Valencia  
 Residence Miami Ariz  
 Color or Race Mex Age at last Birthday 27  
 (Years)  
 Birthplace Mexico  
 Occupation Laborer

MOTHER  
 Full Maiden Name Sta Lucia Amador  
 Residence Globe Ariz  
 Color or Race Mex Age at last Birthday 18  
 (Years)  
 Birthplace Sta Monica Ariz  
 Occupation Housework

Number of child of this mother 2 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on 3/20 1922 at 8 P.M.

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

(Signature) W. W. Forst MD  
 (Attending physician, midwife, householder.\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 191 \_\_\_\_\_

Address Globe Ariz  
B. G. Fox  
 LOCAL REGISTRAR.

051-320-319  
 COUNTY REGISTRAR.

Filed 3/25 1922  
 A True Copy  
 Filed 4/6 1922  
B. G. Fox  
 COUNTY REGISTRAR.

LUMBER WAREHOUSE