

2400

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140  
Co. Registrar No. 263  
Local Registrar No. \_\_\_\_\_

or  
City of Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Ortiz } If child is not yet named, make supplemental report, as directed

3. Sex of child M To be answered ONLY in event of plural births. 4. Twin, triplet or other... 5. No., in order of birth... 6. Legitimate? yes 7. Date of birth June 26-22 (Month, day, year)

8. FATHER Full name Santos Ortiz

14. MOTHER Full maiden name Marion Garcia

9. Residence (Usual place of abode) Globe, Ariz. If nonresident, give place and State

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10. Color or race Mex. 11. Age at last birthday 22 (Years)

16. Color or race Mex 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Dufford Ariz. (State or country)

18. Birthplace (city or place) San Crues New Mex. (State or country)

13. Occupation laborer. Nature of industry

19. Occupation Housewife. Nature of industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams (Physician or midwife)

Address Globe Ariz.

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)

Filed 7-5, 1922 B. J. Joy Local Registrar.

469-626-471 Registrar.

Filed 7-5, 1922 B. J. Joy County Registrar.

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH, STATED.