

PLACE OF BIRTH **CERTIFICATE AMENDED** ARIZONA STATE BOARD OF HEALTH

1. County of Gila **SEE NOTATION** BUREAU OF VITAL STATISTICS State Index No. 117  
District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 308  
Town of \_\_\_\_\_ Child's name amended as per an Affidavit  
or Globe also from child's Baptism certificate. 8-28-74 bsa Local Registrar No. \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child EMARIA JESUSA Sanchez If child is not yet named, make supplemental report, as directed

3. Sex of child F 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 July 13 - 1922 (Month, day, year)

8. FATHER Full name Joe Sanchez

14. MOTHER Full maiden name Refila Gracila

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

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

10. Color or race Mex 11. Age at last birthday 34 (Years)

16. Color or race Mex 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Mex (State or country)

18. Birthplace (city or place) Phoenix Ariz (State or country)

13. Occupation Labor Mines 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 4 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2am 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 H. N. Hunt M.D. (Physician or midwife)

Address Globe Ariz Given name added from a supplemental report \_\_\_\_\_ Filed 7-17, 1922 B.G. Sior Local Registrar. Filed 8-5, 1922 B.G. Sior 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.