

INK—THIS IS A PERMANENT RECORD. With a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of _____
 or _____
 City of Globe No. _____ St. _____ Ward)

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158
 Co. Registrar No. 38
 Local Registrar No. _____

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

3. Sex of child Male 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 1-24-23 (Month, day, year)

FATHER
 8. Full name Ramon Arona
 9. Residence (Usual place of abode) Globe, Arizona
 10. Color or race Mex
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) Mexico (State or country)
 13. Occupation Truck Driver
 Nature of Industry _____

MOTHER
 14. Full maiden name Guadalupe Lopez
 15. Residence (Usual place of abode) Globe, Ariz
 16. Color or race Mex
 17. Age at last birthday 29 (Years)
 18. Birthplace (city or place) Mexico (State or country)
 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 7 (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 9:20 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. Adams (Physician or midwife)

Address Globe, Ariz

Given name added from a supplemental report _____ (Month, day, year)
311-124-739
 Registrar.

Filed Jan 27, 1923 Local Registrar. B. J. Day
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