

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

State Index No. 111

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 100

Local Registrar's No. _____

FULL NAME OF CHILD Juan Pablo Gomez { 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 1 Legitimacy yes Date of Birth Feb. 10 1923
 (Month) (Day) (Yr.)

FATHER
 Full Name Simon Gomez
 Residence No. Globe
 Color or Race White Age at last Birthday 26 (Years)
 Birthplace Spain
 Occupation miner

MOTHER
 Full Maiden Name Clare Bacalard
 Residence No. Globe
 Color or Race White Age at last Birthday 25 (Years)
 Birthplace Italy
 Occupation House wife

Number of Child of this mother 1 Number of children of this mother now living 1 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 Feb. 10 1923, at 10³⁰ A M.

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

(Signature) Clarence Genter M.D.
 (Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 192 _____ Filed 2/16 1923 _____ B. G. J. O'F LOCAL REGISTRAR.

179-210-324 Filed 3/6 1923 _____ A True Copy _____ B. G. J. O'F COUNTY REGISTRAR.